

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 8/8/2019 Permit No.: B2019-3402  
Date Issued: 8-16-19 By: HUZ  
CITY OF BEAVERTON Payment Type: MC

## BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7870 SW W Slope Dr	
City/State/ZIP: Portland, OR 97225	
Sub/bldg./apt. no.:	Project name: Johnston 33004
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S112BA03100	
DESCRIPTION OF WORK	
Voluntary Foundation Underpinning	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Scott Johnston	
Address: 7870 SW W Slope Dr	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 297-3405	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Emily Singleton	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5223	Fax:
E-mail: esingleton@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5223	Fax:
CCB Lic.: 173547	

Authorized  
signature:

Print name:	Date:
Emily Singleton	08/08/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or this application.	
Valuation	\$37,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/1

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	Permit No.: B2017-3542
Date Issued: 8-16-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10960 Mourning Dove Place	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Falcon	
Subdivision: Murrayhill 13,	Lot no.: 398
Tax map/parcel no.: R 207 8177	
DESCRIPTION OF WORK	
Building a new single family home	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Farzad Moradian	
Address: 6107 sw Murray blvd #454	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 805-1111	Fax: (503) 568-8531
E-mail: techmotorz@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	400000
Number, of bedrooms:	4
Number of bathrooms:	3.5
Total number of floors:	2
New dwelling area:	square feet 3238
Garage/carport area:	square feet 1036
Covered porch area:	square feet 300
Deck area:	square feet 276
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet 0
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: [Signature]	Date:
Print name: Farzad Moradian	06/16/20

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1:/BLDG DIV WG-8.v



Development Department  
Building Division  
3000 SW Canyon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 06/13/2019	Permit No.: B2019-2553
Date Issued:	By: <i>cren</i>
Payment Type:	

## CITY OF BEAVERTON BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9758 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 18
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential <i>Master</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	
Authorized signature: <i>Chad E Davis</i>	Date:
Print name: Chad E Davis	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$398,659.44
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3054 square feet
Garage/carport area:	420 square feet
Covered porch area:	40 square feet
Deck area:	160 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,582.95
Amount received	
Date received:	

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\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8



Development Department  
Building Division  
11111 1111 Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

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## OFFICE USE ONLY

Date Received: <b>06/13/2019</b>	Permit No.: <b>B2019-2551</b>
Date Issued:	By: <i>clay</i>
Payment Type:	

**CITY OF BEAVERTON**  
**BUILDING DIVISION**

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>9764 SW 172nd Ave</b>	
City/State/ZIP: <b>Beaverton, OR 97076</b>	
Suite/bldg./apt. no.:	Project name: <b>Kemmer Summit</b>
Cross street/directions to job site: <b>SW Ridge Drive</b>	
Subdivision: <b>Kemmer Summit</b>	Lot no.: <b>17</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>New Construction Single Family Residential</b> <i>Re-issue of lot 18</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Chad E Davis Construction LLC</b>	
Address: <b>2420 Pacific Ave</b>	
City/State/ZIP: <b>Forest Grove OR 97116</b>	
Phone: <b>503.357.8587</b>	Fax: <b>503-992-2301</b>
E-mail: <b>mattweatherdon@gmail.com</b>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>Chad E Davis Construction LLC</b>	
Contact name: <b>Matt Weatherdon</b>	
Address: <b>2420 Pacific Ave</b>	
City/State/ZIP: <b>Forest Grove OR 97116</b>	
Phone: <b>503.357.8587</b>	Fax: <b>503-992-2301</b>
E-mail: <b>mattweatherdon@gmail.com</b>	
CONTRACTOR	
Business name: <b>Chad E. Davis Construction LLC</b>	
Address: <b>2420 Pacific Ave</b>	
City/State/ZIP: <b>Forest Grove OR 97116</b>	
Phone: <b>503.357.8587</b>	Fax: <b>503-992-2301</b>
CCB lic.: <b># 154184</b>	
Authorized signature: <i>Chad Davis</i>	Date:
Print name: <b>Chad E Davis</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$370,866.10</b>
Number of bedrooms:	<b>4</b>
Number of bathrooms:	<b>3</b>
Total number of floors:	<b>2</b>
New dwelling area:	<b>2835</b> square feet
Garage/carport area:	<b>400</b> square feet
Covered porch area:	<b>40</b> square feet
Deck area:	<b>160</b> square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<b>\$748.55</b>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1:/BLDG DIV WG-8...

**Beaverton**  
OREGON

Development Department  
Building Division  
10000 NE Oregon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: **06/13/2019**  
Date Issued:

Permit No.: B2019-2547

By: *Chad*  
Payment Type:

**CITY OF BEAVERTON**  
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>9772 SW 172nd Ave</b>	
City/State/ZIP: <b>Beaverton, OR 97076</b>	
Suite/bldg./apt. no.:	Project name: <b>Kemmer Summit</b>
Cross street/directions to job site: <b>SW Ridge Drive</b>	
Subdivision: <b>Kemmer Summit</b>	Lot no.: <b>16</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential <i>Reissue of lot 18</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Chad E Davis Construction LLC</b>	
Address: <b>2420 Pacific Ave</b>	
City/State/ZIP: <b>Forest Grove OR 97116</b>	
Phone: <b>503.357.8587</b>	Fax: <b>503-992-2301</b>
E-mail: <b>mattweatherdon@gmail.com</b>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Chad E Davis Construction LLC</b>	
Contact name: <b>Matt Weatherdon</b>	
Address: <b>2420 Pacific Ave</b>	
City/State/ZIP: <b>Forest Grove OR 97116</b>	
Phone: <b>503.357.8587</b>	Fax: <b>503-992-2301</b>
E-mail: <b>mattweatherdon@gmail.com</b>	
CONTRACTOR	
Business name: <b>Chad E. Davis Construction LLC</b>	
Address: <b>2420 Pacific Ave</b>	
City/State/ZIP: <b>Forest Grove OR 97116</b>	
Phone: <b>503.357.8587</b>	Fax: <b>503-992-2301</b>
CCB lic.: <b># 154184</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$370,866.10</b>
Number of bedrooms:	<b>4</b>
Number of bathrooms:	<b>3</b>
Total number of floors:	<b>2</b>
New dwelling area:	<b>2835</b> square feet
Garage/carport area:	<b>400</b> square feet
Covered porch area:	<b>40</b> square feet
Deck area:	<b>160</b> square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<b>\$748.55</b>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>Chad Davis</i>	Date:
Print name: <b>Chad E Davis</b>	

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 8/9/2019	Permit No. 3209-3424
Date Issued: 8-19-19	By: HUZ
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: ME	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6355 SW Elm Avenue	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Magalen Kitchen Remodel
Cross street/directions to job site: SW Schools Ferry Road and SW Chestnut Lane	
Subdivision: Pine Hills	Lot no.: 9
Tax map/parcel no.: R203666	
DESCRIPTION OF WORK	
Remove load bearing wall in kitchen/living room and replace with structural gluelam beams.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jason Magalen and Holly Willis-Magalen	
Address: 6355 SW Elm Avenue	
City/State/ZIP: Beaverton, OR 97005	
Phone: 541-740-3715	Fax:
E-mail: jmagalen@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CleanLine Construction, LLC.	
Contact name: David Grbavac	
Address: 9370 SW 146th Terrace, N4	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-799-4736	Fax:
E-mail: cleanlineconstruct@gmail.com	
CONTRACTOR	
Business name: CleanLine Construction, LLC.	
Address: 9370 SW 146th Terrace, N4	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-799-4736	Fax:
CCB lic.: 208213	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$14,000	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$512.53
Amount received	
Date received:	

Authorized signature: David Grbavac

Print name: David Grbavac

Date: 8/9/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: **8/9/2019** Permit No.: **B2019-3434**  
Date Issued: **8-19-2019** By: **HK**  
CITY OF BEAVERTON Payment Type: **MC**

## BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>2460 SW 76th Ave</b>	
City/State/ZIP: <b>Portland, OR 97225</b>	
Suite/bldg./apt. no.:	Project name: <b>Kositch 33065</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: <b>1S112AB05300</b>	
DESCRIPTION OF WORK	
Voluntary foundation underpinning	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Mike &amp; Lori Kositch</b>	
Address: <b>2460 SW 76th Ave</b>	
City/State/ZIP: <b>Portland, OR 97225</b>	
Phone: <b>(503) 292-0619</b>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>TerraFirma Foundation Systems</b>	
Contact name: <b>Emily Singleton</b>	
Address: <b>13110 SW Wall St</b>	
City/State/ZIP: <b>Tigard, OR 97223</b>	
Phone: <b>(971) 205-5223</b>	Fax:
E-mail: <b>esingleton@terrafirmafs.com</b>	
CONTRACTOR	
Business name: <b>TerraFirma Foundation Systems</b>	
Address: <b>13110 SW Wall St</b>	
City/State/ZIP: <b>Tigard, OR 97223</b>	
Phone: <b>(971) 205-5223</b>	Fax:
CCB lic.: <b>173547</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or this application.	
Valuation	<b>\$9,800.0</b>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/1

Authorized signature:

Print name: **Emily Singleton**

Date: **08/09/19**

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8



Community Development Department  
Building Division  
12725 SW Milken Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 06/10/2019	Permit No.: B2019-2465
Date Issued: 8-17-19	By: <i>ML</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: SIGN
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15900 SW Regatta Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.: Suite 105	Project name: Greatroom
Cross street/directions to job site: 158th and Walker	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
SIGN	
Letters on awning	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Casey Murray	
Address: 15900 SW Regatta Ln	
City/State/ZIP: Beaverton, OR 97006	
Phone: (541) 953-9997	Fax:
E-mail: casey@sniffdighotel.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Clark Signs	
Contact name: Dave Clark	
Address: PO Box 1113	
City/State/ZIP: St. Helens, OR 97051	
Phone: (503) 789-1147	Fax:
E-mail: dave@clarksigns.com	
CONTRACTOR	
Business name: Clark Signs	
Address: PO Box 1113	
City/State/ZIP: St. Helens, OR 97051	
Phone: (503) 789-1147	Fax:
CCB lic.: 64933	

Authorized signature:

Print name:	Date:
David Clark	06/06/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$4,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$269.38
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Recess

B2018-2159

3199 AL - EMR

## OFFICE USE ONLY

Date Received: 9-21-18 Permit No.: B2018-4455  
Date Issued: 8/8/2019  
Payment Type:

### TYPE OF WORK

- ☒ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 16041 SW Wren Ln  
City/State/ZIP: Beaverton, OR  
Suite/bldg./apt. no.: Project name: Russell

Cross street/directions to job site:

Subdivision: Westmont Lot no.: 57

Tax map/parcel no.:

### DESCRIPTION OF WORK

NSFR

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: DR Horton, Inc  
Address: 4380 SW Macadam Ave Suite 200  
City/State/ZIP: Portland, OR 97239  
Phone: (503) 222-4151 Fax:  
E-mail: plancheck@drhorton.com

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: DR Horton, Inc  
Contact name: Amanda Loveridge  
Address: SAME AS ABOVE  
City/State/ZIP:  
Phone: Fax:  
E-mail: plancheck@drhorton.com

### CONTRACTOR

Business name: DR Horton, Inc  
Address: SAME AS ABOVE  
City/State/ZIP:  
Phone: Fax:  
CCB lic.: 130859

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$410,240.31

Number of bedrooms: 4

Number of bathrooms: 2.75

Total number of floors: 2

New dwelling area: 3202 square feet

Garage/carport area: 631 square feet

Covered porch area: 37 square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$1,619.74

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: Amanda Loveridge

Date: 6/27/18

Enclosed  
4723 AR

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



Revised B2018-0733

## OFFICE USE ONLY

Date Received: 10-25-18 Permit No.: B2018-4955  
Date Issued: 01/01/2019  
Payment Type:

### TYPE OF WORK

- ☒ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 16108 SW Wren Ln  
City/State/ZIP: Beaverton, OR  
Suite/bldg./apt. no.: Project name: Russell

Cross street/directions to job site:

Subdivision: Westmont Lot no.: 28

Tax map/parcel no.:

### DESCRIPTION OF WORK

NSFR

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: DR Horton, Inc  
Address: 4380 SW Macadam Ave Suite 200  
City/State/ZIP: Portland, OR 97239  
Phone: (503) 222-4151 Fax:  
E-mail: plancheck@drhorton.com

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: DR Horton, Inc  
Contact name: Amanda Loveridge  
Address: SAME AS ABOVE  
City/State/ZIP:  
Phone: Fax:  
E-mail: plancheck@drhorton.com

### CONTRACTOR

Business name: DR Horton, Inc  
Address: SAME AS ABOVE  
City/State/ZIP:  
Phone: Fax:  
CCB lic.: 130859

Authorized signature:

Print name: Amanda Loveridge Date: 10/27/18  
Amanda Loveridge

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$423,956.98

Number of bedrooms: 5

Number of bathrooms: 3.5

Total number of floors: 2

New dwelling area: 3376 square feet

Garage/carport area: 451 square feet

Covered porch area: 116 square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$1,659.60  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



Rersan  
Ba018-0797

5525 AR -EMR

## OFFICE USE ONLY

Date Received: 9-26-18	Permit No.: 82018-4414
Date Issued: 8/8/2019	Payment Type:

### TYPE OF WORK

<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:

### CATEGORY OF CONSTRUCTION

<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 16048 SW Wren Ln	Project name: Russell
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	

Cross street/directions to job site:

Subdivision: Westmont	Lot no.: 27
-----------------------	-------------

Tax map/parcel no.:

### DESCRIPTION OF WORK

NSFR

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: DR Horton, Inc
Address: 4380 SW Macadam Ave Suite 200
City/State/ZIP: Portland, OR 97239
Phone: (503) 222-4151
Fax:
E-mail: plancheck@drhorton.com

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: DR Horton, Inc
Contact name: Amanda Loveridge
Address: SAME AS ABOVE
City/State/ZIP:
Phone:
Fax:
E-mail: plancheck@drhorton.com

### CONTRACTOR

Business name: DR Horton, Inc
Address: SAME AS ABOVE
City/State/ZIP:
Phone:
Fax:
CCB lic.: 130859

Authorized signature:

Print name:

Amanda Loveridge

Date:

10/27/18

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$453,752.45
Number of bedrooms:	5
Number of bathrooms:	3.5
Total number of floors:	2
New dwelling area:	3567 square feet
Garage/carport area:	572 square feet
Covered porch area:	180 square feet
Deck area:	square feet
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$1,751.58
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

Building Permit Application



City Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: **6/24/2019** Permit No.: **B2019-2723**  
Date Issued: *[Signature]*  
CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address <b>14723 SW TEAL BLVD</b>	
City/State/ZIP: <b>Beaverton, OR 97007</b>	
Suite/bldg./apt. no.:	Project name: <b>INSOMNIA COFFEE</b>
Cross street/directions to job site: <b>MURRAYHILL MARKET CENTER</b>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Fire Sprinkler Tenant Improvement</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>T&amp;L Communications, Inc.</b>	
Contact name: <b>Larry Bushaw</b>	
Address: <b>PO Box 87387</b>	
City/State/ZIP: <b>Vancouver, WA 98687</b>	
Phone: <b>360-737-9725</b>	Fax: <b>360-737-9648</b>
E-mail: <b>office@tl-communications.com</b>	
CONTRACTOR	
Business name: <b>T&amp;L Communications, Inc.</b>	
Address: <b>PO BOX 87387</b>	
City/State/ZIP: <b>Vancouver, WA 98687</b>	
Phone: <b>360-737-9725</b>	Fax: <b>360-737-9648</b>
CCB lic.: <b>67787</b>	

Authorized signature: *Larry Bushaw*

Print name: **Larry Bushaw** Date: **6-21-19**

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>7775.00</b>
Existing building area:	square feet
New building area:	square feet <b>2390</b>
Number of stories:	
Type of construction:	<b>TENANT IMPROVEMENT</b>
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# CANYON CROSSINGS TI. Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2550  
Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 8-2-2019	Permit No.: B2019-3316
Date Issued: 8-20-19	By: <i>clerk</i>
	Payment Type: <i>check</i>

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |   |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 11360 SW Canyon Road	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Beaverton Mixed Use
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

### DESCRIPTION OF WORK

Tenant Improvement permit. Add 2nd floor level rest rooms.

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: Elliott Investments LLC  
Address: 2233 NW 23rd Ave  
City/State/ZIP: Portland, OR 97210  
Phone: (503) 292-7733  
Fax:  
E-mail: ctaylor@virtual-supply.com

### ☒ APPLICANT

### ☒ CONTACT PERSON

Business name: Edge Development  
Contact name: Ed Bruin  
Address: 2233 NW 23rd Ave  
City/State/ZIP: Portland, OR 97210  
Phone: (503) 292-7733  
Fax:  
E-mail: ed@edgedevelop.com

### CONTRACTOR

Business name: Edge Development  
Address: 2233 NW 23rd Ave  
City/State/ZIP: Portland, OR 97210  
Phone: (503) 292-7733  
Fax:  
CCB Lic.: 147657

Authorized signature:

Print name:	Date:
Ed Bruin	08/01/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	20,000
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	M,B
Existing:	Office
New:	Office

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$478.04
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / P.O. Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 8/20/19	Permit No.: B2019-3496
Date Issued:	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4905 GRIFFITH DR	
City/State/ZIP: BEAVERTON OR 97	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
T1 - RECONFIGURE SPACE FOR TENANT EXPANSION	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: ALFA GRIFFITH, LLC	
Address: 4905 GRIFFITH DRIVE, SUITE 205	
City/State/ZIP: BEAVERTON, OR	
Phone: 503-519-1111	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PROXY DATA SOLUTIONS, LLC	
Contact name: CHRIS NESTEROW	
Address: 2850 SW CEDAR HILLS BLVD. #106	
City/State/ZIP: BEAVERTON, OR, 97005	
Phone: 503-341-6801	Fax:
E-mail: CHRIS@PDSLLC.NW.COM	
CONTRACTOR	
Business name: ALM PROPERTY MANAGEMENT	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$3800	
Existing building area:	square feet
New building area:	square feet
Number of stories:	(2)
Type of construction:	V-B
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 8-20-19
Print name: CHRIS NESTEROW	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 4-12-19	Permit No: B2019 1552
Date Issued: 8/20/2019	Payment Type: an

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16165 Regatta Lane	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 700	Project name:
Cross street/directions to job site: Intall of walk in cooler 9x10x8 - compressor unit on roof	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Intall of walk in cooler BOX & ROOF UNIT ON - 8x10x9.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Sonny Prem	
Address:	
City/State/ZIP:	
Phone: 503 888-2863	Fax:
E-mail: Sonny@PremHotelGroups.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Bombay Pizza & Curry	
Contact name: Sonny Prem	
Address: 16165 Regatta Lane	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail: Sonny@PremHotelGroup.com	
CONTRACTOR	
Business name: All Phase Construction	
Address: 10204 W. Oswego	
City/State/ZIP: Portland, OR	
Phone: 503 960-5056	Fax:
CCB Lic.: 189888	
Authorized signature: [Signature]	
Print name: Pauline North	Date: 4/12/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	4000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 8/14/2019	Permit No.: B2019-3475
Date Issued: [Signature]	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8323 & 8325 SW Cirrus	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: RTU Structural Framing
Cross street/directions to job site: SW Hall to SW Cirrus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural framing for two replacement roof top units. Mechanical permit for both new units to be applied for seperately. Both RTU's are located on the roof of Building 18.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment Investment Properties	
Address: 8275 SW Cirrus	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Crest Structures, Inc	
Contact name: Steve Close	
Address: 17550 SW Upper Boones Ferry Rd	
City/State/ZIP: Durham, OR 97224	
Phone: 503.968.8949	Fax:
E-mail: Steve C @ pacificcrestweb.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,800.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board





# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...

076  
526-2550  
onoregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 06/19/2019 Permit No.: B2019-2635  
Date Issued: 06/20/2019  
CITY OF BEAVERTON Payment Type:  
1&2 family: Simple BUILDING DIVISION Complex:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☒ Other: SIGN

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 12345 SW Horizon Blvd  
City/State/ZIP: Beaverton, OR 97007  
Suite/bldg./apt. no.: Project name: Tough Mudder Bootcamp  
Cross street/directions to job site: SW Barrows Rd

Subdivision: Progress Ridge Lot no.: 2S15AA02301  
Tax map/parcel no.:

### DESCRIPTION OF WORK

(1) Halo lit Channel letters wall sign and (1) DF Non-illuminated blade sign

### ☐ PROPERTY OWNER

### ☒ TENANT

Name: Tough Mudder Boot Camp  
Address: 12345 SW Horizon Blvd  
City/State/ZIP: Beaverton OR 97007

Phone: ( ) Fax: ( )

### ☒ APPLICANT

### ☒ CONTACT PERSON

Business name: Vancouver Sign Group  
Contact name: Tracie Tandy  
Address: 2600 NE Andresen Rd Ste 50  
City/State/ZIP: Vancouver WA 98661  
Phone: ( 360 ) 693-4773 Fax: ( 360 ) 693-2747  
E-mail: tracie@vansignco.com

### CONTRACTOR

Business name: Vancouver Sign Group  
Address: 2600 NE Andresen Rd Ste 50  
City/State/ZIP: Vancouver WA 98661  
Phone: ( 360 ) 693-4773 Fax: ( 360 ) 693-2747  
CCB lic.: 63951

Authorized signature:

Print name:

Date: 6/5/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 7900.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$150.45

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

440-4613T (11/02/COM/WEB)

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...

Department  
Building Division  
Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



**RECEIVED**  
**CITY OF BEAVERTON**  
**OFFICE USE ONLY**

Date Received: 02/12/2019	Permit No.: B2019-0599
Date Issued: 8-20-19	By: <i>HL</i>
Payment Type: <i>check</i>	

<b>TYPE OF WORK</b>	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
<b>CATEGORY OF CONSTRUCTION</b>	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job site address: 12555 SW 22nd Street	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: T-Mobile Hall & Allen
Cross street/directions to job site: see sheet T-1	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121AD 12200	
<b>DESCRIPTION OF WORK</b>	
Modifications to an existing wireless communication facility: replace concealment canister; replace (3) panel antennas; add (3) RRUs; relocate (5) RRUs and (6) diplexers from ground to tower; remove (9) TMAs and (6) coax cables; Remove (1) FCOA cabinet and install (1) rack on ground.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: T-Mobile	
Address: 12920 SE 38th Street	
City/State/ZIP: Bellevue, WA 98006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Crown Castle on behalf of T-Mobile	
Contact name: Amanda Nations	
Address: 1505 Westlake Ave N, Suite 800	
City/State/ZIP: Seattle, WA 98109	
Phone: (206) 336-2889	Fax:
E-mail: amanda.nations.contractor@crowncastle.com	
<b>CONTRACTOR</b>	
Business name: <i>Eagle Commercial Services Inc</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <i>1666616</i>	
Authorized signature: <i>Amanda Nations</i>	
Print name:	Date:
Amanda Nations	02/11/19

<b>REQUIRED DATA: 1- AND 2-FAMILY DWELLING</b>	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
<b>REQUIRED DATA: COMMERCIAL-USE CHECKLIST</b>	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	110,000
Existing building area:	square feet 204
New building area:	square feet 204
Number of stories:	N/A
Type of construction:	V-B
Occupancy groups:	
Existing:	U
New:	U
<b>NOTICE</b>	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
<b>BUILDING PERMIT FEES*</b>	
Please refer to fee schedule	
Fees due upon application	\$897.92
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 8/21/19 Permit No.: B2017-3552  
Date Issued: By: CLEM  
Payment Type: check

### TYPE OF WORK

- ☐ New construction ☒ Demolition  
☐ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder 11480 CHOBAN ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: SW Barnes Rd and SW Cedar Hills Blvd  
City/State/ZIP: Beaverton, OR 97222  
Suite/bldg./apt. no.: Project name:

Cross street/directions to job site:

SW Barnes and SW Cedar Hills

Subdivision: Lot no.: 1700  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Demo of existing firestation

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: Life Time  
Address: 2902 Corporate Place  
City/State/ZIP: Chanhassen, MN 55317  
Phone: 952-229-7521 Fax:  
E-mail: cpetersen@lt.life

### ☐ APPLICANT

### ☒ CONTACT PERSON

Business name: Willamette Construction Services Inc  
Contact name: Mike Moore  
Address: 8823 N Harbargate Street  
City/State/ZIP: Portland, OR 97203  
Phone: 503-449-8153 Fax:  
E-mail: mike.moore@lanecoinc.com

### CONTRACTOR

Business name: Willamette Construction Services Inc  
Address: 8823 N Harbargate Street  
City/State/ZIP: Portland, OR 97203  
Phone: 503-239-6858 Fax:  
CCB lic.: 221268

Authorized signature:

Print name: Mike Moore

Date: 8/21/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$45,620.00

Existing building area: 8140 square feet

New building area: 0 square feet

Number of stories: N/A

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

84432

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 8/21/19	Permit No.: B2019-3558
Date Issued:	By: [signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10750 SW Denney Road	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing roof down to metal deck. Mechanically fasten R-20 ISO and fire-rated cover board. Mechanically fasten .060 TPO, Class A UL.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investments	
Address: 1121 SW Salmon St.	
City/State/ZIP: Portland, OR 97205	
Phone: 503-242-2400	Fax:
E-mail: brian@abcroofingco.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ABC Roofing	
Contact name: Brian Kearney	
Address: 10123 Brittany Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503-786-0616	Fax:
E-mail: brian@abcroofingco.com	
CONTRACTOR	
Business name: 11	
Address: 11	
City/State/ZIP: 11	
Phone: 11	Fax:
CCB lic.: 427	

Authorized signature: [signature]

Print name: Brian Kearney Date: 8/21/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$200,550	
Existing building area:	35,000 square feet
New building area:	35,000 square feet
Number of stories:	2
Type of construction:	re-roof
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 8-21-19	Permit No.: B2019-3551
Date Issued: 8-21-19	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8275 SW Circus Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing roof to wood deck. Mechanically fasten 1" fire rated ISO and .060 TPO single ply membrane.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investments	
Address: 1121 SW Salmon St #400	
City/State/ZIP: Portland, OR 97205	
Phone: 503-242-2900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ABC Roofing Company	
Contact name: Brian Kearney	
Address: 10123 SE Britting Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503-786-0616	Fax:
E-mail: brian@abcroofingco.com	
CONTRACTOR	
Business name: 11	
Address: 11	
City/State/ZIP: 11	
Phone: 11	Fax:
CCB lic.: 427	
Authorized signature: [Signature]	
Print name: Brian Kearney	Date: 8/21/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Existing building area: 20,100 square feet

New building area: 20,100 square feet

Number of stories: 2

Type of construction: reroof

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board


Form B70-1001

REV 2/14

# Building Permit Application

## ELECTRONIC SUBMITTAL

Community Development Department  
Building Division  
12725 SW Milliken Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



St. Marys Kitchen

OFFICE USE ONLY	
Date Received: <b>06/11/2019</b>	Permit No.: B2019-2503
Date Issued: <b>8-21-19</b>	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>Visa</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4440 SW 148th Ave.	
City/State/ZIP: Beaverton, OR. 97007	
Suite/bldg./apt. no.:	Project name: St. Marys Kitchen Remo
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demolition of Kitchen equipment and casework. New Full height partition walls, door, and kitchen equipment. All associated M.E.P.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sisters of Saint Mary of Oregon	
Address: 4440 SW 148th AVE	
City/State/ZIP: Beaverton, OR. 97209	
Phone: 504-644-9181	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Faster Permits	
Contact name: Austin Cheadle	
Address: 2000 SW 1st Ave.	
City/State/ZIP: Portland OR. 97201	
Phone: (971)-678-5405	Fax:
E-mail: austin@fasterpermits.com	
CONTRACTOR	
Business name: R&H Construction	
Address: 2019 NW Wilson St.	
City/State/ZIP: Portland, OR. 97209	
Phone: 503 710-1279	Fax:
CCB lic.: 38304	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$523,924
Existing building area:	square feet 1,194
New building area:	square feet 1,194
Number of stories:	1
Type of construction:	Type V-A
Occupancy groups:	A-2 & R-2
Existing:	Existing
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$4,607.75
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Austin Cheadle	6/4/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WORKING

## Permit Application

Duplicate plan, 2350A Jade Am,  
as Lot 130 B2018-6050



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

### OFFICE USE ONLY

Date Received: 06/04/2019 Permit No.: B2019-2386  
Date Issued: 02/22/2019  
CITY OF BEAVERTON Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17222 SW Harrier Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn Hts	Lot no.: 128
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc	
Contact name: Maggie Sturm	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7894	Fax:
E-mail: maggie.sturm@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
CGB lic.: 195307	

BUILDING DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$305,104.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2350 square feet
Garage/carport area:	411 square feet
Covered porch area:	122 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name:	
Maggie Sturm	05/28/19



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	Permit No. <b>B2019-3571</b>
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Tenant Improvement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11645 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant Improvement for new beer tap room. No exterior changes, no commercial kitchen.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Brian Williams	
Address:	
City/State/ZIP:	
Phone: 503-425-9352	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Holah Design + Architecture	
Contact name: Libby Holah	
Address: 710 NE 21st, Suite 202	
City/State/ZIP: Portland, OR 97232	
Phone: 503-288-4203	Fax:
E-mail: libby@holahdesign.com	
CONTRACTOR	
Business name: PROJECTS PLUS LLC	
Address: 14845 SW MURRAY SCHOLLS DR STE 110 347	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 131285	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	35,000
Existing building area:	square feet 3,343
New building area:	square feet n/c
Number of stories:	1
Type of construction:	vB
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:



## Building Permit Application

City of Beaverton Community Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.beavertonoregon.gov](http://www.beavertonoregon.gov)

### OFFICE USE ONLY

Date Received:	Permit No.: B2019-3578
Date Issued: 8-23-19	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15201 NW Greenbrier Pkwy	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: C-7	Project name: Gigaphoton Demising
Cross street/directions to job site: SW corner of 217 & Denny Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NW Greenbrier Pkwy & Blue Ridge Drive	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Gigaphoton USA Inc	
Address: 15201 NW Greenbrier Pkwy, C-7	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 597-7771	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Ted Baker	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: ted.baker@patriotfire.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70822	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,650.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1.00
Type of construction:	5B
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

rev 06/11

Authorized signature:

[Signature]

Print name: Ted Baker

Date: 08/21/19

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY	
Date Received: <b>8/14/2019</b>	Permit No.: <b>B2019-3574</b>
Date Issued: <b>8.22.19</b>	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>8325 SW Cirrus</b>	
City/State/ZIP: <b>Beaverton, OR 97008</b>	
Suite/bldg./apt. no.:	Project name: <b>RTU Structural Framing</b>
Cross street/directions to job site: <b>SW Hall to SW Cirrus</b>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural framing for two replacement roof top units. Mechanical permit for both new units to be applied for separately. <i>Both RTU's are located on the roof of Building 18.</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Harsch Investment Investment Properties</b>	
Address: <b>8275 SW Cirrus</b>	
City/State/ZIP: <b>Beaverton, OR 97008</b>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>Pacific Crest Structures, Inc</b>	
Contact name: <b>Steve Close</b>	
Address: <b>17550 SW Upper Boones Ferry Rd</b>	
City/State/ZIP: <b>Durham, OR 97224</b>	
Phone: <b>503.968.8949</b>	Fax:
E-mail: <b>Steve C @ pacificcrestweb.com</b>	
CONTRACTOR	
Business name: <i>Same</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <b>66915</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$2,800.00</b>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: *[Signature]*

Print name: <b>STEVE CLOSE</b>	Date: <b>08.13.2019</b>
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## Building Permit Application

City of Beaverton Community Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.beavertonoregon.gov](http://www.beavertonoregon.gov)

### OFFICE USE ONLY

Date Received:	8/22/19	Permit No.:	B2019-3597
Date Issued:		By:	crew
		Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <del>2746 SW 153rd Drive</del> 2555 SW 153rd drive	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Beaverton Creek BLDG 10 X20
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Complete Tear Off And Re-roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Fresen US	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: McDonald & Wetle Inc	
Contact name: Brian Bell	
Address: 2020 NE 194th St	
City/State/ZIP: Portland OR 97230	
Phone: 503-667-0175	Fax:
E-mail: BrianB@mcdonaldwetle.com	
CONTRACTOR	
Business name: Same As Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 44680	

Authorized  
signature:

Print name: Brian Bell

Date: 8/20/2019

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 212,154

Existing building area: 44000 square feet

New building area: 44000 square feet

Number of stories: 1

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

rev 07/13



## Building Permit Application

City of Beaverton

PO Box 4755, Beaverton, OR 97076

Phone (503) 526-2403; Fax: (503) 526-2550

Internet address: [www.ci.beaverton.or.us](http://www.ci.beaverton.or.us)

### OFFICE USE ONLY

Date Received: 8.26.19	Permit No.: B2019-35218
Date Issued: 8.22.19	By: [Signature]
	Payment Type:
1&2 family: Simple	Complex:

#### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

#### CATEGORY OF CONSTRUCTION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

#### JOB SITE INFORMATION AND LOCATION

Job site address: 7755 SW Wilson Ave,

City/State/ZIP: BEAVERTON OR 97008

Suite/bldg./apt. no.:

Project name: James Drew

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

#### DESCRIPTION OF WORK

REMOVAL OF INTERIOR WALL ADDING NEW BEAM AND FOOTINGS IN CRAWL SPACE

☒ PROPERTY OWNER

☐ TENANT

Name: James Drew

Address: 7755 SW Wilson Ave,

City/State/ZIP: Beaverton OR 97008

Phone: ( 503 )

Fax: ( )

☒ APPLICANT

☐ CONTACT PERSON

Business name: MIKE MONTGOMERY

Contact name: SIMPL HOME DESIGNS

Address: 4931 SW 76TH AVE., PMB 211

City/State/ZIP: PORTLAND OR 97225

Phone: ( 503 ) 515-6495

Fax: ( 503 ) 719-4825

E-mail: [mikem@ezpermits.biz](mailto:mikem@ezpermits.biz)

#### CONTRACTOR

Business name: IBI

Address: 15240 SE 82nd Drive

City/State/ZIP: Clackamas OR 97015

Phone: ( 503 ) 646-5376

Fax: ( )

CCB lic.: 32734

Authorized signature: [Signature]

Print name: Mike Montgomery

Date: 08/20/19

#### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 5,000.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

#### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

#### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

#### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

**This permit application expires  
if a permit is not obtained within 180 days  
after it has been accepted as complete**

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1: BLDG DIV WG-8...



Development Department  
Building Division  
1000 SW 10th Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 07/22/2019	Permit No.: B2019-3128
Date Issued: 06.21.19	By: [Signature]
Payment Type:	

**CITY OF BEAVERTON**  
**BUILDING DIVISION**

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10135 SW 151st Pl	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Simmons - 30808
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S132AB16700	
DESCRIPTION OF WORK	
Encapsulate crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Erik Simmons	
Address: 10135 SW 151st Pl	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Heather Rogers	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
E-mail: hrogers@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
CCB lic.: 173547	

Authorized signature: [Signature]

Print name:	Date:
Heather Rogers	07/19/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation **\$1,500.00**

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$174.54
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2443 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 2-19-19	Permit No.: B2019-0708
Date Issued: 4-20-19	By: clew
Payment Type:	

### TYPE OF WORK

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> New construction     | <input checked="" type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:                |

### CATEGORY OF CONSTRUCTION

- |   |  |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial   |
| <input type="checkbox"/> Accessory building       | <input checked="" type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                  |

### JOB SITE INFORMATION AND LOCATION

Job site address: 4815 SW Lombard Ave  
City/State/ZIP: Beaverton, OR 97005  
Suite/bldg./apt. no.: Project name: VERSO - 2nd & Lombard  
Cross street/directions to job site: 2nd Ave, between Lombard and Franklin

Subdivision: Lot no.:  
Tax map/parcel no.: 3900,4100,4101,5000,5400

### DESCRIPTION OF WORK

Underground fire sprinkler line and associated vaults

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: Burnside Pacific, LLC (Robert Burnside)  
Address: 22705 Alfalfa Market Road  
City/State/ZIP: Bend, OR 97701  
Phone: (949) 228-7299 Fax:  
E-mail:

### ☒ APPLICANT

### ☒ CONTACT PERSON

Business name: Ankrom-Moisan Architects  
Contact name: Francis Dardis / Tania Feliciano  
Address: 38 NW Davis Street  
City/State/ZIP: Portland, OR 97209  
Phone: (503) 892-7304 Fax:  
E-mail: francisd@ankrommoisan.com

### CONTRACTOR

Business name: Concrete Alternatives, Inc.  
Address: PO Box 230776  
City/State/ZIP: Tigard OR 97281  
Phone: 503-718-8568 Fax:  
CCB lic.: 186377

Authorized signature:

Print name: Francis Dardis Date: 02/19/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet

New building area: square feet 161969

Number of stories: 5

Type of construction: IA, IIIB

Occupancy groups: R2 (primary), M, B, S1

Existing: 5 existing houses to be demolished

New: R2 (primary), M, B, S1

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: <b>8/14/2019</b>	Permit No.: B2019-3474
Date Issued: <b>8.20.19</b>	By: <b>CLM</b>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9437 SW 153rd Ave.	
City/State/ZIP: Beaverton , OR 97007	
Suite/bldg./apt. no.:	Project name: Leatherwood 32885
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 15 Push Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sonni Leatherwood	
Address: 9437 SW 153rd Ave	
City/State/ZIP: Beaverton, OR 97007	
Phone: (541) 953-0971	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmas.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5235	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$29,894
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
ELENITA RONQUILLO	08/13/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov



## OFFICE USE ONLY

Date Received:

Permit No.

Date Issued:

Payment Type:

### TYPE OF WORK

☐ New construction

☐ Demolition

☐ Addition/alteration/replacement

☒ Other: roof coating

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 5805 SW 107th

City/State/ZIP: Beaverton, OR 97005

Suite/bldg./apt. no.:

Project name: Fry Warehouse

Cross street/directions to job site: 217th and Allen St.

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

WASH ROOF, SPRAY 2 GALLONS EMULSION,  
LAY POLYESTER FABRIC, SPRAY OVER WITH  
10 GALLONS ON EMULSION PER 100 SQ. FT.

☒ PROPERTY OWNER

☐ TENANT

Name: NORRIS + STEVENS, INC

Address: 900 SW 5th Ave SUITE 1700

City/State/ZIP: Portland, OR 97204

Phone: 503-223-3171

Fax:

E-mail: BenjaminS@norris-stevens.com

☐ APPLICANT

☒ CONTACT PERSON

Business name: Fry Warehouse

Contact name: Benjamin Shannon

Address: 5805 SW 107th ave

City/State/ZIP: Beaverton, OR 97005

Phone: 503-223-3171

Fax:

E-mail: Benjamin@norris-stevens.com

### CONTRACTOR

Business name: Holtzlander Roofing and Services, LLC

Address: 7334 7311 NE 43rd Ave SUITE A

City/State/ZIP: Vancouver, WA 98661

Phone: 360 718 8109

Fax: N/A

CCB lic.: 209832

Authorized  
signature:

KTT

Print name: Kory Holtzlander

Date: 8/23/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$86,000.00

Existing building area: 40,000 square feet

New building area: N/A. square feet

Number of stories: 1

Type of construction: ROOF Repair

Occupancy groups: Fry

Existing: HBV

New: G+E

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

1,411.67

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...



Development Department  
Building Division  
10000 SW Canyon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Duplicate plan, 2350A Jade Am,  
as Lot 130 both Garage Right

## OFFICE USE ONLY

Date Received: 05/02/2019	Permit No.: B2019-1828
Date Issued: 01/22/2019	Payment Type:

CITY OF BEAVERTON  
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17316 SW Harrier Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 123
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	

Authorized  
signature:

Print name:	Date:
Juls Call	07/20/18

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$310,347.53
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2350 square feet
Garage/carport area:	411 square feet
Covered porch area:	122 square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	656.57
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

**Building Permit Application****ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...Development Department  
Building Division  
11111 11111 Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.govRe-issued plans Lot 134, B2018-4232,  
2857E Redwood English**OFFICE USE ONLY**Date Received: 06/04/2019 Permit No.: B2019-2392  
Date Issued: 06/27/19 By: [Signature]  
CITY OF BEAVERTON Payment Type:**TYPE OF WORK**

- ☒
- New construction
- ☐
- Demolition
- 
- ☐
- Addition/alteration/replacement
- ☐
- Other:

**CATEGORY OF CONSTRUCTION**

- ☒
- 1- and 2-family dwelling
- ☐
- Commercial/Industrial
- 
- ☐
- Accessory building
- ☐
- Multi-family
- 
- ☐
- Master builder
- ☐
- Other:

**JOB SITE INFORMATION AND LOCATION**

Job site address: 17226 SW Harrier Ln

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision: South Cooper Mtn Hts

Lot no.: 127

Tax map/parcel no.:

**DESCRIPTION OF WORK**

NSFR

☒ PROPERTY OWNER☐ TENANT

Name: Lennar NW Inc

Address: 11807 NE 99th Street #1170

City/State/ZIP: Vancouver / WA / 98682

Phone: (360) 258-7900

Fax:

E-mail:

☒ APPLICANT☒ CONTACT PERSON

Business name: Lennar NW Inc

Contact name: Maggie Sturm

Address: 11807 NE 99th Street #1170

City/State/ZIP: Vancouver / WA / 98682

Phone: (360) 258-7894

Fax:

E-mail: maggie.sturm@lennar.com

**CONTRACTOR**

Business name: Lennar NW Inc

Address: 11807 NE 99th Street #1170

City/State/ZIP: Vancouver / WA / 98682

Phone: (360) 258-7900

Fax:

CCB lic.: 195307

Authorized  
signature:

Print name:

Maggie Sturm

Date:

05/28/19

**REQUIRED DATA: 1- AND 2-FAMILY DWELLING**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$366,631.30

Number of bedrooms: 4

Number of bathrooms: 2.5

Total number of floors: 2

New dwelling area: 2832 square feet

Garage/carport area: 464 square feet

Covered porch area: 179 square feet

Deck area: square feet

Other structure area: square feet

**REQUIRED DATA: COMMERCIAL-USE CHECKLIST**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

**NOTICE**

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

**BUILDING PERMIT FEES\***

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
Milikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-1-19	Permit No.: B2019-1788
Date Issued: 8/20/2019	Payment Type:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master bulder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 9800 SW Nimbus Ave  
City/State/ZIP: Beaverton  
Suite/bldg./apt. no.: Project name: Nimbus  
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Tenant Improvements

### PROPERTY OWNER

### TENANT

Name: Erickson Realty  
Address: 4900 SW Griffith Dr #133  
City/State/ZIP: Beaverton 97005  
Phone: 503 703 9401 Fax:  
E-mail: tpgarner@ericksongroup.com

### APPLICANT

### CONTACT PERSON

Business name: Erickson Realty  
Contact name: Todd GARNER  
Address: SAME  
City/State/ZIP:

Phone: 503 703 9401 Fax:  
E-mail: tpgarner@ericksongroup.com

### CONTRACTOR

Business name:

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic.:

Authorized signature:

Print name: Todd GARNER

Date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: 43,000 square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

3,689.59

Amount received

Date received:

This permit application expires if a permit is not obtained within 100 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application

RECEIVED  
CITY OF BEAVERTON

COPY



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 3/27/19	Permit No.: B2019-1232
Date Issued: 8/26/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9800 SW Nimbus	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: Nimbus
Cross street/directions to job site: Schools Ferry	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<ul style="list-style-type: none"> <li>- Enlarge loading dock opening</li> <li>- Create Passage interior</li> <li>- Re-grade dock access</li> </ul>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Erickson Realty	
Address: 4900 SW Griffith Dr. #133	
City/State/ZIP: Beaverton 97005	
Phone: 503 703 9401	Fax:
E-mail: tpgarner@ericksongroup.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Erickson Realty	
Contact name: Todd GARNER	
Address: SAA	
City/State/ZIP:	
Phone: 503 703 9401	Fax:
E-mail: tpgarner@ericksongroup.com	
CONTRACTOR	
Business name: TBD	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

Authorized signature:

Print name: Todd GARNER	Date:
-------------------------	-------

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$50,000.00

Existing building area: 43000 square feet

New building area: square feet

Number of stories: 2

Type of construction: Concrete & H

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	8/26/2019	Permit No:	B2019-3623
Date Issued:	8/26/2019	Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3300 SW Hockens Avenue	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 108	Project name:
Cross street/directions to job site: On SW Hocken Avenue between SW Hall Blvd and SW Jenkins Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Non-bearing wall extension and new walls to provide two new rooms. Minor electrical and HVAC work to be permitted by appropriate licensed contractors.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: S2 Collaborations LLC, Alicia M. Smith DC	
Address: 3300 SW Hockens Avenue	
City/State/ZIP: Beaverton, OR	
Phone: (360) 270-1030	Fax:
E-mail: strongspine@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Timothy Troy Mace dba Reliant Builders	
Contact name: Ken Sprecher/Troy Mace	
Address: 17988 SW Sandra Lane	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 332-1780	Fax:
E-mail: kensprecher47@msn.com	
CONTRACTOR	
Business name: Timothy Troy Mace dba Reliant Builders	
Address: 17988 SW Sandra Lane	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 476-5560	Fax:
CCB No.: 188581	

Authorized signature:

Print name:	Date:
Ken Sprecher	08/23/20

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$22,300.00
Existing building area:	square feet 2067
New building area:	square feet 0
Number of stories:	1
Type of construction:	
Occupancy groups:	Chiropractic office
Existing:	Existing occupancy limits
New:	No changes

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	1,057.50
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Clear Form



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 08/27/2019	Permit No.: B2019-3632
Date Issued:	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8555 SW Apple Way	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.: 330	Project name: AAA Metrowest
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add and Plug Fire Sprinkler heads for TI	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ronin Campbell	
Address: 9095 SW Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: r.campbell@wyattfire.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	852
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: Ronin Campbell

Print name:	Date:
Ronin Campbell	08/26/19

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 8/9/2019	Permit No.: B2019-3417
Date Issued: 8/27/2019	BY: [Signature]
CITY OF BEAVERTON	
Payment Type:	

<b>TYPE OF WORK</b>	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
<b>CATEGORY OF CONSTRUCTION</b>	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job site address: 5955 SW Chestnut Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: VanAm Addition
Cross street/directions to job site: SW Oak Place	
Subdivision: Block 26	Lot no.: 3 and 4
Tax map/parcel no.: 1S114DC09100	
<b>DESCRIPTION OF WORK</b>	
Small addition for master suite.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Barbara & Richard VanAmerongen	
Address: 5955 SW Chestnut Ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-292-6960	Fax:
E-mail: bvanamer@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: James Poggi Inc	
Contact name: Jim Poggi	
Address: 1319 SE M L King Blvd., Ste. 200	
City/State/ZIP: Portland, OR 97214	
Phone: 503-970-7700	Fax:
E-mail: jpoggi@jamespoggi.com	
<b>CONTRACTOR</b>	
Business name: James Poggi Inc	
Address: 1319 SE M L King Blvd., Ste. 200	
City/State/ZIP: Portland, OR 97214	
Phone: 503-244-3464	Fax: 503-244-3464
CCB No.: 133021	

## BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$98,489
Number, of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	square feet 497
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

[Signature]

Print name:

Jim Poggi

Date:

8/8/19

## Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Duplicate Plan as Lot 138, B2018-3726  
2857A Redwood American

RECEIVED

## OFFICE USE ONLY

Date Received: 06/04/2019 Permit No.: B2019-2388

Date Issued: 06/21/2019

CITY OF BEAVERTON  
BUILDING DIVISION

Payment Type:

## TYPE OF WORK

☒ New construction☐ Demolition☐ Addition/alteration/replacement☐ Other:

## CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling☐ Commercial/Industrial☐ Accessory building☐ Multi-family☐ Master builder☐ Other:

## JOB SITE INFORMATION AND LOCATION

Job site address: 17317 SW Kite Ln

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision: South Cooper Mtn Hts

Lot no.: 115

Tax map/parcel no.:

## DESCRIPTION OF WORK

NSFR

☒ PROPERTY OWNER☐ TENANT

Name: Lennar NW Inc

Address: 11807 NE 99th Street #1170

City/State/ZIP: Vancouver / WA / 98682

Phone: (360) 258-7900

Fax:

E-mail:

☒ APPLICANT☒ CONTACT PERSON

Business name: Lennar NW Inc

Contact name: Maggie Sturm

Address: 11807 NE 99th Street #1170

City/State/ZIP: Vancouver / WA / 98682

Phone: (360) 258-7894

Fax:

E-mail: maggie.sturm@lennar.com

## CONTRACTOR

Business name: Lennar NW Inc

Address: 11807 NE 99th Street #1170

City/State/ZIP: Vancouver / WA / 98682

Phone: (360) 258-7900

Fax:

CCB lic.: 195307

Authorized  
signature:

Print name:

Maggie Sturm

Date:

05/28/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$362,452.90

Number of bedrooms: 4

Number of bathrooms: 2.5

Total number of floors: 2

New dwelling area: 2832 square feet

Garage/carport area: 464 square feet

Covered porch area: 201 square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8

## Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Duplicate plan, 2479A Magnolia American, as  
Lot 157 (B2018-3725) both Garage Right

RECEIVED

### OFFICE USE ONLY

Date Received: 06/07/2019 Permit No.: B2019-2459  
Date Issued: 06/20/2019  
CITY OF BEAVERTON  
Payment Type:

### BUILDING DIVISION

#### TYPE OF WORK

☒ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☐ Other:

#### CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

#### JOB SITE INFORMATION AND LOCATION

Job site address: 17236 SW Harrier Lane

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision: South Cooper Mtn Hts

Lot no.: 125

Tax map/parcel no.:

#### DESCRIPTION OF WORK

NSFR

☒ PROPERTY OWNER

☐ TENANT

Name: Lennar NW Inc

Address: 11807 NE 99th Street #1170

City/State/ZIP: Vancouver / WA / 98682

Phone: (360) 258-7900

Fax:

E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: Lennar NW Inc

Contact name: Maggie Sturm

Address: 11807 NE 99th Street #1170

City/State/ZIP: Vancouver / WA / 98682

Phone: (360) 258-7894

Fax:

E-mail: maggie.sturm@lennar.com

#### CONTRACTOR

Business name: Lennar NW Inc

Address: 11807 NE 99th Street #1170

City/State/ZIP: Vancouver / WA / 98682

Phone: (360) 258-7900

Fax:

CCB lic.: 195307

Authorized  
signature:

*Maggie Sturm*

Print name:

Maggie Sturm

Date:

05/28/19

#### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$318,133.05

Number of bedrooms: 4

Number of bathrooms: 2.5

Total number of floors: 2

New dwelling area: 2479 square feet

Garage/carport area: 400 square feet

Covered porch area: 182 square feet

Deck area: square feet

Other structure area: square feet

#### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

#### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

#### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



RECEIVED

## OFFICE USE ONLY

Date Received: 08/22/2019 Permit No.: B2019-3568  
Date Issued: 8/29/2019  
CITY OF BEAVERTON  
Payment Type:

BUILDING DIVISION

### TYPE OF WORK

- ☐ New construction  
☒ Addition/alteration/replacement  
☐ Demolition  
☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling  
☐ Accessory building  
☐ Master builder  
☐ Commercial/industrial  
☐ Multi-family  
☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 6855 SW QUEEN LN  
City/State/ZIP: BEAVERTON OR 97008  
Suite/bldg./apt. no.:  
Project name: BROOK LEE'S PORCH  
Cross street/directions to job site:

Subdivision:  
Tax map/parcel no.: R0191189 / 15122 BD 12200

### DESCRIPTION OF WORK

NEW FRONT PORCH

### PROPERTY OWNER

### TENANT

Name: BROOK GETTYS  
Address: 6855 SW QUEEN LN  
City/State/ZIP: BEAVERTON OR 97008  
Phone: 509 336 9421  
E-mail:

### APPLICANT

### CONTACT PERSON

Business name: BROOK GETTYS  
Contact name: BROOK GETTYS  
Address:  
City/State/ZIP:  
Phone:  
E-mail:

### CONTRACTOR

Business name: BROOK GETTYS  
Address: 6855 SW QUEEN LN  
City/State/ZIP: BEAVERTON OR 97008  
Phone: 509 336 9427  
CCB lic.: HOME OWNER

Authorized signature: Brook Gettys

Print name: BROOK GETTYS  
Date: 8/20/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$4,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: \$4,000 square feet 324

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

HOME OWNER

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$95.20

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application

Approved

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
BeavertonOregon.gov

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 07/09/2019 Permit No.: B2019-2941  
Date Issued: 07/29/2019  
CITY OF BEAVERTON  
BUILDING DIVISION  
Payment Type:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15901 SW Jenkins Rd.,  
City/State/ZIP: Aloha, OR 97006  
Suite/bldg./apt. no.: Project name: Costco 009  
Cross street/directions to job site: SW Jenkins and SW 158th Ave.

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Install pendent fire sprinklers for store remodel

☒ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name:

Contact name: Dan Furno

Address:

City/State/ZIP:

Phone: (360) 335-5907

Fax: (360) 883-6383

E-mail: dfurno@coscofire.com

### CONTRACTOR

Business name: Cosco Fire Protection

Address: 2501 SE Columbia Way, Suite 100

City/State/ZIP: Vancouver, WA 98661

Phone: (360) 883-6383

Fax: (360) 883-6390

CCB lic.: 67508

Authorized signature:

Print name:

Dan Furno

Date:

07/09/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$50,876

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$50,876

Existing building area: square feet 14534

New building area: square feet 14534

Number of stories: 1

Type of construction:

Occupancy groups:

Existing: Ordinary 2/Rack storage

New: Ordinary 2/Rack storage

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$364.78

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# ELECTRONIC SUBMITTAL SEE 1:BLDG DIV WG-8...

**Beaverton**  
OREGON

Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## Building Permit Application

Permit Department  
Building Division  
Day / PO Box 4755

Beaverton, OR 97076

RECEIVED

### OFFICE USE ONLY

Date Received: <b>6/27/2019</b>	Permit No.: <b>B2019-2799</b>
Date Issued: <b>8-29-19</b>	By: <b>HLK</b>
CITY OF BEAVERTON	
Payment Type: <b>check</b>	

### BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>5250 SW Alger Ave</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>AT&amp;T Canyon Road</b>
Cross street/directions to job site: <b>see sheet T-1</b>	
Subdivision:	Lot no.:
Tax map/parcel no.: <b>1S115DB00400</b>	
DESCRIPTION OF WORK	
Modifications to an existing wireless communication facility: replace (3) RRRHs; Install (3) repeaters, (3) diplexers, (1) surge suppressor, (3) DC trunks, (1) fiber trunk	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <b>AT&amp;T</b>	
Address: <b>19801 SW 72nd Ave</b>	
City/State/ZIP: <b>Tualatin, OR 97062</b>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Crown Castle on behalf of AT&amp;T</b>	
Contact name: <b>Amanda Nations</b>	
Address: <b>1505 Westlake Ave N, Suite 800</b>	
City/State/ZIP: <b>Seattle, WA 98109</b>	
Phone: <b>(206) 336-2889</b>	Fax:
E-mail: <b>amanda.nations.contractor@crowncastle.com</b>	
CONTRACTOR	
Business name: <b>Capstone Partners LLC</b>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <b>165860</b>	

Authorized signature: *Amanda Nations*

Print name: <b>AMANDA NATIONS</b>	Date: <b>6/26/17</b>
-----------------------------------	----------------------

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	10,000
Existing building area:	square feet 100
New building area:	square feet 100
Number of stories:	N/A. 260' monopole
Type of construction:	II-B
Occupancy groups:	
Existing:	U
New:	U

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

## Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: <b>RECEIVED</b>	Permit No.: <b>B2019-1691</b>
Date Issued: <b>04/25/2019</b>	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17306 SW Dotterel Lane	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 169
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	349,462
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2618
Garage/carport area:	square feet 398
Covered porch area:	square feet 197
Deck area:	square feet 240
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized  
signature:

Print name:	Date:
Sandro Guerrero	04/16/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 09/29/2019 Permit No.: B2019-3690  
Date Issued: 8/29/2019  
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9755 SW Barnes Rd	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: #250	Project name: Networth Realty TI
Cross street/directions to job site: Peterkort Centre Campus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Remodel	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tina Beavers (Property Manager)	
Address: 9755 SW Barnes Rd #620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail: tbeavers@peterkort.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Ankrom Moisan Architects	
Contact name: Avery Asato	
Address: 38 NW Davis St #300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 952-1317	Fax:
E-mail: averya@ankrommoisan.com	
CONTRACTOR	
Business name: Denali Construction	
Address: PO Box 69	
City/State/ZIP: Canby, OR 97013	
Phone: (503) 849-4435	Fax:
CCB lic.: 208947	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	27,650
Existing building area:	square feet 1675
New building area:	square feet 1675
Number of stories:	6
Type of construction:	Type II-A, Sprinklered
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,569.40
Amount received	
Date received:	

Authorized signature:

Print name: Avery Asato Date: 08/26/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/04/2019	Permit No.: B2019-2385
Date Issued: 8-12-19	By: MK
CITY OF BEAVERTON	Payment Type: Check

## BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17233 SW Kite Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn Hts Lot no.: 114	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc	
Contact name: Maggie Sturm	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7894	Fax:
E-mail: maggie.sturm@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
CCB lic.: 195307	

Authorized  
signature:

Maggie Sturm

Print name:	Date:
Maggie Sturm	05/28/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$305,104.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2350 square feet
Garage/carport area:	411 square feet
Covered porch area:	122 square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12726 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 06/18/2019	Permit No.: B2019-2616
Date Issued: 8-16-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9824 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 15
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	
Authorized signature: <i>[Signature: Chad Davis]</i>	
Print name: Chad E Davis	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$342,602.32
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2600 square feet
Garage/carport area:	400 square feet
Covered porch area:	40 square feet
Deck area:	168 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,411.26
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 6/21/2019 Permit No.: B2019-2708

Date Issued: 6/11/2019  
CITY OF BEAVERTON  
BUILDING DIVISION

Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7480 SW Canyon Lane	
City/State/ZIP: Beaverton, Oregon, 97225	
Suite/bldg./apt. no.:	Project name: Martz Remodel
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remodeling the Kitchen, Mudroom and Master Bedroom. Adding deck under	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bryan Martz	
Address: 7480 SW Canyon Lane	
City/State/ZIP: Beaverton, Oregon, 97225	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MAKR Homes	
Contact name: Jason Francis	
Address: 250 Princeton Ave. Suite #104	
City/State/ZIP: Gladstone, Oregon, 97027	
Phone: 503-929-7207	Fax:
E-mail: makrhomes@gmail.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 226133	

Authorized signature:

Print name:	Date:
Jason Francis	06/21/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$38,000
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 200
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 8.1.19	Permit No.: B209-3292
Date Issued: 8.1.19	By: CLAY
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10950 SW 5th Street Bldg. 100	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.: 100	Project name: Greentree West
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing roofing down to existing 1" insulation. Mechanically fasten 1" Fire Rated ISO and .060 TPO over existing insulation. UL class A assembly (attached).	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment Properties	
Address: 1121 SW Salmon Street	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 242-2900	Fax:
E-mail: lisar@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: ABC Roofing Company	
Contact name: Brian Kearney	
Address: 10123 SE Brittany Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: (503) 786-0616	Fax:
E-mail: brian@abcroofingco.com	
CONTRACTOR	
Business name: ABC Roofing Company	
Address: 10123 SE Brittany Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: (503) 786-0616	Fax:
CCB lic.: 427	

Authorized signature:

Print name: Brian Kearney

Date: 8/1/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$315,855
Existing building area:	square feet 50,500
New building area:	square feet 50,500
Number of stories:	2
Type of construction:	Reroof
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 8.1.19	Permit No.: B2019-3291
Date Issued: 8.1.19	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13515 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Code Unlimited TI
Cross street/directions to job site: The building is on the NW corner of the intersection SW Millikan Way and SW Hocken Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
The scope of work is removing partition walls, adding new walls to reconfigure the space, and adding an additional restroom for the tenant improvements for Code Unlimited. No change of occupancy is proposed.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Code Unlimited	
Address: 12655 SW Center St, Suite 350	
City/State/ZIP: Beaverton, OR 97005	
Phone: (971) 328-5266	Fax:
E-mail: Tom.Jaleski@CodeUL.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Code Unlimited	
Contact name: Tom Jaleski	
Address: 12655 SW Center St, Suite 350	
City/State/ZIP: Beaverton, OR 97005	
Phone: (971) 328-5266	Fax:
E-mail: Tom.Jaleski@CodeUL.com	
CONTRACTOR	
Business name: ADEPT PDX CONSTRUCTION INC	
Address: 2005 P.O. Box 2018	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 971-228-9797	Fax: 503-7470049
CCB Lic.: 218393	
Authorized signature: BY Alfredo Buitrago	
Print name:	Date:
Tom Jaleski	08-01-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 100,000	
Existing building area:	square feet 5,636
New building area:	square feet 0
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

APPROVED

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 05/28/2019	Permit No.: B2019-2262
Date Issued:	By:
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Tenant Improvement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: Ste 122	Project name: Crumbl
Cross street/directions to job site:	
Subdivision: Cedar Hills Crossing North	Lot no.: 1
Tax map/parcel no.: 1S109AD03400	
DESCRIPTION OF WORK	
Tenant Improvement for new Walk-in Cookie Store called Crumbl	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Aaron Wager	
Address: 1881 W Traverse Parkway Ste E321	
City/State/ZIP: Lehi, UT 84043	
Phone: (801) 735-4656	Fax:
E-mail: aaron@wagscapital.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Wags Capital	
Contact name: Julie Henry	
Address: 1881 W Traverse Parkway Ste E321	
City/State/ZIP: Lehi, UT 84043	
Phone: (801) 928-8122	Fax:
E-mail: julie@wagscapital.com	
CONTRACTOR	
Business name: Western Construction	
Address: 2300 E 3rd Loop #110	
City/State/ZIP: Vancouver, WA 98661	
Phone: 360-699-5317	Fax:
CCB lic.: 63717	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	150,000
Existing building area:	square feet 1233
New building area:	square feet 1233
Number of stories:	1
Type of construction:	V-B Sprinkled
Occupancy groups:	
Existing:	
New:	302 - Group B - Business

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,780.59
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Julie Henry	05/24/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG 8

Community Development Department  
Building Division  
1111 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**Beaverton**  
OREGON

**OFFICE USE ONLY**

Date Received: 07/18/2019 Permit No.: B2019-3088  
Date Issued: 8-2-19 By: CREW  
CITY OF BEAVERTON  
BUILDING DIVISION  
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Structure Reinforcement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7030 SW Oleson Road	
City/State/ZIP: Portland, Oregon 97223	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Near of SE Oleson Road and Canby Road	
Subdivision: GARDEN HOME	Lot no.: PT 9
Tax map/parcel no.: 1S124DB-00202	
DESCRIPTION OF WORK	
Pour concert support 3 feet deep to hold 4x4 wood post needed to support cantilever 2nd level of house.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Fischer	
Address: 10967 SW 111th Ave	
City/State/ZIP: Tigard, Oregon 97223	
Phone: (503) 753-7551	Fax:
E-mail: davefischer@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SAMUEL DAVID LAGROW	
Contact name: SAMUEL DAVID LAGROW	
Address: 29995 SE LAWRENCE	
City/State/ZIP: ESTACADA OR 97023	
Phone: (503) 312-2398	Fax:
E-mail: sam.lagrow@gmail.com	
CONTRACTOR	
Business name: SAMUEL DAVID LAGROW	
Address: 29995 SE LAWRENCE RD	
City/State/ZIP: ESTACADA OR 97023	
Phone: (503) 312-2398	Fax:
CCB lic.: 292757	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1200
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 0
Garage/carport area:	square feet
Covered porch area:	square feet 0
Deck area:	square feet 0
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$154.18
Amount received	
Date received:	

Authorized signature: *David Fischer*

Print name:	Date:
David Fischer	07/09/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 08/01/2019 Permit No.: B2019-3285  
Date Issued: 8/2/19 By: Cren  
CITY OF BEAVERTON Payment Type:  
BUILDING DIVISION

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☒ Other: repairing

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 13850 SW Secretariat Ln  
City/State/ZIP: Beaverton, OR 97008  
Suite/bldg./apt. no.: Project name: Bay Window Repairing  
Cross street/directions to job site: Murray Blvd and Sexton Mountain Dr  
Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

open the floor, add extra beams and use bracket to hold them up with current floor.

☒ PROPERTY OWNER

☐ TENANT

Name: Xiaobing Zhao  
Address: 13850 SW Secretariat Ln.  
City/State/ZIP: Beaverton, OR 97008  
Phone: (503) 985-8866 Fax:  
E-mail: xbzha02000@yahoo.com

☒ APPLICANT

☒ CONTACT PERSON

Business name:  
Contact name: Xiaobing Zhao  
Address: 13850 SW Secretariat Ln  
City/State/ZIP: Beaverton, OR 97008  
Phone: (503) 985-8866 Fax:  
E-mail: xbzha02000@yahoo.com

### CONTRACTOR

Business name: Cedar Mountain Construction  
Address: PO Box 920  
City/State/ZIP: North Plains  
Phone: (503) 481-9914 Fax:  
CCB lic.: 151856

Authorized signature: *Xiaobing Zhao*

Print name: Xiaobing Zhao Date: 07/30/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$4500  
Number of bedrooms: 0  
Number of bathrooms: 0  
Total number of floors: 0  
New dwelling area: square feet 0  
Garage/carport area: square feet 0  
Covered porch area: square feet 0  
Deck area: square feet 0  
Other structure area: square feet 0

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation  
Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups:  
Existing:  
New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$102.51  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**Beaverton**  
OREGON

OFFICE USE ONLY	
Date Received:	Permit No.: B2019-2774
Date Issued: 8/27/2019	By: <i>AK</i>
8-2-19	Payment Type: <i>check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11715 SW Sofia Court	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Cameron Place
Cross street/directions to job site: Walker Rd to Lynnfield Lane	
Subdivision: Cameron Place	Lot no.: 6
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mission Homes NW, LLC	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mission Homes NW, LLC	
Contact name: Josh Kelso	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 9035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
CONTRACTOR	
Business name: Mission Homes NW	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
CCB lic.: 186849	

CITY OF BEAVERTON  
BUILDING DIVISION

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3475
Garage/carport area:	square feet 555
Covered porch area:	square feet 300
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

*JK*

Print name:	Date:
Josh Kelso	06/26/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Clear Form

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE 1:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 2-19-19 Permit No.: B2019-0704  
Date Issued: 8/5/2019  
Payment Type:

### TYPE OF WORK

- ☒ New construction ☒ Demolition  
☐ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address:  
City/State/ZIP: Beaverton, OR 97005  
Suite/bldg./apt. no.: Project name: VERSO - 2nd & Lombard  
Cross street/directions to job site: 2nd Ave, between Lombard and Franklin

Subdivision: Lot no.:  
Tax map/parcel no.: 3900,4100,4101,5000,5400

### DESCRIPTION OF WORK

Demolition of 5 existing houses, construction of new multi-family apartment building (172 units, type IA and IIIB constr.), 2600 sf retail space at corner, tenant amenities, surface parking lot, rain garden facing 2nd, right-of-way improvements at all frontages.

☒ PROPERTY OWNER ☐ TENANT

Name: Burnside Pacific, LLC (Robert Burnside)

Address: 22705 Alfalfa Market Road

City/State/ZIP: Bend, OR 97701

Phone: (949) 228-7299

Fax:

E-mail:

☒ APPLICANT ☒ CONTACT PERSON

Business name: Ankrom-Moisan Architects

Contact name: Francis Dardis / Tania Feliciano

Address: 38 NW Davis Street

City/State/ZIP: Portland, OR 97209

Phone: (503) 892-7304

Fax:

E-mail: francisd@ankrommoisan.com

### CONTRACTOR

Business name: Pence Construction

Address: 2720 SW Corbett Ave

City/State/ZIP: Portland, OR 97201

Phone: (503) 252-3802

Fax:

CCB lic.: 153167

Authorized signature:

Print name:

Date: 2/19/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

\$22,898,080

Existing building area: square feet

New building area: square feet 161969

Number of stories: 5

Type of construction: IA, IIIB

Occupancy groups: R2 (primary), M, B, S1

Existing: 5 existing houses to be demolished

New: R2 (primary), M, B, S1

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application

**ELECTRONIC SUBMITTAL**

SEE I:/BLDG DIV WORK

**Beaverton**  
OREGON

Development Department  
Building Division  
2711 McLoughlin Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 07/25/2019 Permit No. B2019-2141  
Date Issued: 07/26/2019  
Payment Type:

CITY OF BEAVERTON  
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10950 SW 5Th St	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.: Suite 170	Project name: GreenTree HVAC Support
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural Support for New HVAC Roof Top Unit	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment	
Address: 1121 SW Salmon	
City/State/ZIP: Portland	
Phone: (503) 242-2900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Crest Structures	
Contact name: Alan Volm	
Address: 17750 SW Upper Boones Ferry RD Suite 190	
City/State/ZIP: Portland Oregon 97224	
Phone: (503) 968-8949	Fax:
E-mail: alan@pacificcrestweb.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Address: 17750 SW Upper Boones Ferry Rd Suite 190	
City/State/ZIP: Portland Ore 97224	
Phone: (503) 968-8949	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$3275
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Alan Volm

Date:

07/22/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8

Community Development Department  
Building Division  
2725 SW Moikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**Beaverton**  
OREGON

**OFFICE USE ONLY**

Date Received: 07/25/2019 Permit No.: B2019-3172  
Date Issued: 07/26/2019  
CITY OF BEAVERTON BUILDING DIVISION Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13165 SW Thatcher Dr.	
City/State/ZIP: Beaverton OR. 97008	
Suite/bldg./apt. no.:	Project name: CARLA Duffy
Cross street/directions to job site: SW 135th Ave.	
Subdivision: Forest Glen 3	Lot no.: 225
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Paul David & Carla Jean Duffy	
Address: 13165 SW THATCHER DR.	
City/State/ZIP: BEAVERTON OR. 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW MODERN DECKS & FENCES LLC.	
Contact name: CORNEL (LUCIAN) VILCEA	
Address: 7855 SW ALAMEDA LN.	
City/State/ZIP: BEAVERTON OR. 97007	
Phone: 503-360-7041	Fax:
E-mail: info@nwmoderndecks.com	
CONTRACTOR	
Business name: NW MODERN DECKS & FENCES LLC.	
Address: 7855 SW ALAMEDA LN.	
City/State/ZIP: BEAVERTON OR. 97007	
Phone: 503-360-7041	Fax:
CCB lic.: 209284	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 270
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$10,000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$173.87
Amount received	
Date received:	

Authorized signature:

Print name:

CORNEL LUCIAN VILCEA

Date:

7/6/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 8/6/2019 Permit No: B2019-3357  
Date Issued: 8/6/2019  
Payment Type:

### TYPE OF WORK

☐ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other: ROOFING

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 4855 S.W. WATSON AVE.

City/State/ZIP: Beaverton OR 97005

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

WATSON & 3RD

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

RE ROOFING - ROOF OVER

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

### CONTRACTOR

Business name: J.P. CROOKS, INC.

Address: 3640 S.E. SNOWBERRY BL.

City/State/ZIP: MILWAUKIE OR 97222

Phone: 503-653-8019

Fax: 503-653-8019

CCB lic.: 12312B

Authorized signature:

JOE P. CROOKS

Print name:

Date: 8-5-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 16,800.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

498.96

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 8-6-19 Permit No.: B2019-3364  
Date Issued: 8-6-19 By: MK  
Payment Type: Check

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 10370 SW SHEARWATER LP  
City/State/ZIP: BEAVERTON OR 97006  
Suite/bldg./apt. no.: Project name:  
Cross street/directions to job site:

Subdivision: Lot no: TL 02500  
Tax map/parcel no.: 1S132 BA

### DESCRIPTION OF WORK

252 # PATIO COVER

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: CLAY + CHRISTINA FOUTCH  
Address: 10370 SW SHEARWATER LP  
City/State/ZIP: BEAVERTON OR 97006  
Phone: 503-858-8337 Fax:  
E-mail:

### ☒ APPLICANT

### ☒ CONTACT PERSON

Business name: SUBURBAN HOMIES  
Contact name: DOUG LUEDLOFF  
Address: 6415 SW 213<sup>RD</sup> AVE  
City/State/ZIP: BEAVERTON OR 97078  
Phone: 503-312-4552 Fax:  
E-mail: doug.suburbanhomies@gmail.com

### CONTRACTOR

Business name: SAME  
Address:  
City/State/ZIP:  
Phone: Fax:  
CCB lic.: 79632

Authorized signature:

Print name: DOUG LUEDLOFF Date: 8/1/2019

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 18,000.00  
Number of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: 256 square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation  
Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups:  
Existing:  
New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$695.66  
Amount received  
Date received: 8-6-19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

5 Oaks Fire Alarm

## Building Permit Application

Community Development Department  
Building Division  
12725 SW Milliken Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
BeavertonOregon.gov

COB Revision/Tracking #:

REV

T 19-046

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 7-31-19	Permit No.: B2019-3271
Date Issued: 8-6-19	By: HIL
Payment Type: VISA	

## TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

## CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

## JOB SITE INFORMATION AND LOCATION

Job site address: 1600 NW. 173rd Ave.  
City/State/ZIP: Beaverton, Or. 97006  
Suite/bldg./apt. no.: Project name: 5 Oaks Middle School  
Cross street/directions to job site:  
Subdivision: Lot no.:  
Tax map/parcel no.: 1N1310000500

## DESCRIPTION OF WORK

Install fire alarm in phases 3 & 4. Install beam detectors in gyms A & B.

☐ PROPERTY OWNER☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☐ APPLICANT☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

## CONTRACTOR

Business name: AC&E Electric  
Address: 3535 Del Webb Ave suite 100  
City/State/ZIP: Salem, Or. 97301  
Phone: (503) 363-2301 Fax:  
CCB lic.: 591

Authorized  
signature:

Print name:

Date:

Jeff Haga

31 July 2019

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

## Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

## Valuation

\$25,000

Existing building area: square feet

New building area: square feet

Number of stories: 2

Type of construction: TYPE: II-B

Occupancy groups: GROUP E

Existing: 57,806

New: 4039

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-20340  
Date Issued: 8/6/2019 Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☒ Other: Siding

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15270 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Suite/bldg./apt. no.: (26) 15270 Project name: Andover Park  
Cross street/directions to job site: Teal Blvd  
Subdivision: R5 Lot no.: 151320000400  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. (changing  
1x8 cedar + 1/2" with 1x8" (8" exposure)  
handie plank Cedar mill lap siding)

### PROPERTY OWNER

### TENANT

Name: Prime Teal LLC  
Address: 15242 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Phone: 533-852-6465 Fax: 949-272-6798  
E-mail: scott.alkman@primeteal.com

### APPLICANT

### CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt E Foothills Rd  
City/State/ZIP: Lake Oswego, OR 97304  
Phone: 415-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant  
Address:  
City/State/ZIP:  
Phone: Fax:  
CCB lic.: 225537

Authorized  
signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2038  
Date Issued: 5/16/2019 By: [Signature]  
Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☒ Other: Kitchen

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15272 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Suite/bldg./apt. no.: (24) 15272 Project name: Andover Park  
Cross street/directions to job site: Teal Blvd  
Subdivision: R5 Lot no.: 151320000400  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. Changing  
1x8 cedar + 1/2" with 1/2" 9.25" (6" exposure)  
hand: plank cedar mill lap siding

☒ PROPERTY OWNER ☐ TENANT

Name: Prime Teal, LLC  
Address: 15272 SW Teal Blvd  
City/State/ZIP: Beaverton, OR 97007  
Phone: 533-852-6465 Fax: 949-272-6798  
E-mail: slott.alkman@primegrp.com  
☒ APPLICANT ☐ CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt E Foothills Blvd Rd  
City/State/ZIP: Lake Oswego, OR 97034  
Phone: 415-519-0110 Fax: 949-272-6715  
E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant  
Address:  
City/State/ZIP:  
Phone: Fax:  
CCB No.: 225537

Authorized signature: [Signature]  
Print name: Gabriel Mackillop Date: 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Dock area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2039  
Date Issued: 8/6/2019  
Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition

☒ Addition/alteration/replacement

☒ Other: *addition*

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☒ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15274 SW Teal Blvd

City/State/ZIP: Beaverton OR 97007

Suite/bldg./apt. no.: (29) 15274 Project name: Andover Park

Cross street/directions to job site:

Teal Blvd

Subdivision: R5

Lot no.: 151320000400

Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. Changing  
1x8 cedar + 1x9 with 1/2" (6" exposure)  
hand: plank cedar; 11 lap siding

☒ PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC

Address: 15274 SW Teal Blvd

City/State/ZIP: Beaverton OR 97007

Phone: 503 852-6465 Fax: 949-272-6798

E-mail: scott.aikman@primegrp.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC

Contact name: Gabe Mackillop

Address: 5009 Apt F Foothills Blvd Rd

City/State/ZIP: Lake Oswego, OR 97034

Phone: 415-519-0110 Fax: 949-272-6795

E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant

Address:

City/State/ZIP:

Phone:

Fax:

CCB No.: 225537

Authorized signature:

*Gabe Mackillop*

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2034  
Date Issued: 8/6/2019 Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☒ Other: *residential*

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15208 SW Teal Blvd  
City/State/ZIP: Beaverton OR, 97007  
Suite/bldg./apt. no.: (24) 15268 Project name: Andover Park  
Cross street/directions to job site: Teal Blvd

Subdivision: R5 Lot no.: 151320000400  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. Changing  
1x8 cedar + 1x9 with 1x9.75" (8" exposure)  
handie plank cedar mill lap siding

### PROPERTY OWNER

### TENANT

Name: Prime Teal, LLC  
Address: 15242 SW Teal Blvd  
City/State/ZIP: Beaverton, OR 97007  
Phone: 533-852-6465 Fax: 949-272-6798  
E-mail: staff.alexander@primegrp.com

### APPLICANT

### CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt F Foothills Blvd Rd  
City/State/ZIP: Lake Oswego, OR 97304  
Phone: 415-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant

Address:

City/State/ZIP:

Phone:

Fax:

CCB No.: 225537

Authorized  
signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2033  
Date Issued: 5/16/2019  
Payment Type:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☒ Other: *addition*

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15200 SW Teal Blvd  
City/State/ZIP: Beaverton OR, 97007  
Suite/bldg./apt. no.: (23) 15266 Project name: Arrow Park  
Cross street/directions to job site: Teal Blvd  
Subdivision: R5 Lot no.: 151320000400  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. Changing  
1x8 cedar + 1x6 with 1x8 1/2" (6" exposure)  
hand: plank cedar. 11 lap siding

### PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC  
Address: 15242 SW Teal Blvd  
City/State/ZIP: Beaverton, OR 97007  
Phone: 503-852-6465 Fax: 949-272-6798  
E-mail: scott.alexander@primegrp.com

### APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt F Foothills Blvd Rd  
City/State/ZIP: Lake Oswego, OR 97304  
Phone: 503-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant  
Address:  
City/State/ZIP:  
Phone: CCB lic.: 225537  
Fax:

Authorized signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19  
Date Issued: 8/6/2019  
Permit No.: B2019-2032  
Payment Type:

### TYPE OF WORK

☐ New construction  
☒ Addition/alteration/replacement  
☐ Demolition  
☒ Other: *addition*

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling  
☐ Accessory building  
☐ Master builder  
☐ Commercial/Industrial  
☒ Multi-family  
☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15264 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Suite/bldg./apt. no.: (22) 15264 Project name: Andover Park  
Cross street/directions to job site: Teal Blvd  
Subdivision: B5 Lot no.: 151320000400  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. Changing  
1x8 cedar + 1x6 with 9.25" (8" exposure)  
hand: plank cedar. 11 lap siding

☒ PROPERTY OWNER ☐ TENANT

Name: Prime Teal, LLC  
Address: 15264 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Phone: 533-852-6465 Fax: 949-272-6798  
E-mail: slott.alexander@primegrp.com  
☒ APPLICANT ☐ CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt F Foothills Blvd Rd  
City/State/ZIP: Lake Oswego, OR 97304  
Phone: 415-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant  
Address:  
City/State/ZIP:  
Phone: 225-537 Fax:  
CCB lic.: 225537

Authorized signature: *Gabe Mackillop*

Print name: Gabriel Mackillop Date: 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation  
Number of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 80,105  
Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups:  
Existing:  
New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 5-13-19	Permit No.: B2019-2031
Date Issued: 8/6/2019	Payment Type:

### TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i>residential</i>

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15258 SW Teal Blvd	Project name: Andover Park
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.: (2) 15258	
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	

### DESCRIPTION OF WORK

100% Siding replacement. Changing  
1x8 cedar + 1x6 with 1/2" 9.25" (8" exposure)  
handie plank cedar mill lap siding

### PROPERTY OWNER

### TENANT

Name: Prime Teal, LLC	
Address: 15258 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Phone: 533-852-6465	Fax: 949-272-6798
E-mail: staff.alexander@primeteal.com	

### APPLICANT

### CONTACT PERSON

Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt F Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	

### CONTRACTOR

Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	

Authorized signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	80,105
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2030  
Date Issued: 8/6/2019 Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☒ Other: Siding

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15256 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Suite/bldg./apt. no.: 20 15256 Project name: Ginkgo Park  
Cross street/directions to job site:  
Teal Blvd  
Subdivision: R5 Lot no.: 151320000400  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. (changing  
1x8 cedar + 3/4" with 1x8 9.25" (8" exposure)  
handie plank cedar mill lap siding)

### PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC  
Address: 15256 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Phone: 503-852-6465 Fax: 949-272-6798  
E-mail: scott.ackman@primeteal.com

### APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt F Foothills Blvd Rd  
City/State/ZIP: Lake Oswego, OR 97304  
Phone: 415-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant  
Address:  
City/State/ZIP:  
Phone: Fax:  
CCB lic.: 225537

Authorized  
signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation  
Number of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 80,105  
Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups:  
Existing:  
New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2029  
Date Issued: 8/6/20x Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☒ Other: *alter*

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15254 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Suite/bldg./apt. no.: 19 15254 Project name: Andover Park  
Cross street/directions to job site: Teal Blvd  
Subdivision: R5 Lot no.: 151320000400  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. Changing  
1x8 cedar + 3/4" with 9.25" (8" exposure)  
hand: e plank cedar; 11 lap siding

### PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC  
Address: 15254 SW Teal Blvd  
City/State/ZIP: Beaverton, OR 97007  
Phone: 503-852-6465 Fax: 949-272-6798  
E-mail: slott@arrowbuilding.com  
☒ APPLICANT ☐ CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt E Foothills Rd  
City/State/ZIP: Lake Oswego, OR 97304  
Phone: 415-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.com

### CONTRACTOR

Business name: Gamp AS applicant  
Address:  
City/State/ZIP:  
Phone: CCB No.: 225537  
Authorized signature: *[Signature]*  
Print name: Gabriel Mackillop Date: 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Milikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE CITY OF BEAVERTON DIV 38

## OFFICE USE ONLY

Date Received: 07/05/2019 Permit No.: B2019-2906  
Date Issued: 07/12/19  
CITY OF BEAVERTON  
BUILDING DIVISION  
Payment Type:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 8605 SW Creekside Pl.  
City/State/ZIP: Beaverton, Oregon 97008  
Suite/bldg./apt. no.: Project name: ZRT Ext. Window Remod  
Cross street/directions to job site: SW Stratus St. & SW Creekside Pl.

Subdivision: Lot no.:

Tax map/parcel no.: 1S127AC00300

### DESCRIPTION OF WORK

Remodel 4 existing exterior windows that are prone to leaking to new windows. Patch roofline and install new James Hardie Panel paint to match existing.

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: ZRT Laboratory (William Bushnell)

Address: 8605 SW Creekside Pl.

City/State/ZIP: Beaverton, Oregon 97008

Phone: (503) 466-2445

Fax:

E-mail: webushnell@zrtlab.com

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: LRS Architects

Contact name: Peter Kim

Address: 720 NW Davis, Suite 300

City/State/ZIP: Portland, Oregon 97209

Phone: (503) 221-1121

Fax: (503) 221-2077

E-mail: pkim@lrsarchitects.com

### CONTRACTOR

Business name: Commercial Contractors, Inc

Address: 5573 S 1st Cir.

City/State/ZIP: Ridgefield, Washington 98642

Phone: (360) 887-7234

Fax:

CCB lic.: 123729

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$97,474.00

Existing building area: square feet 30,605

New building area: square feet 0

Number of stories: 2

Type of construction: III-B

Occupancy groups:

Existing: B

New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application 1,379.75

Amount received

Date received:

Authorized signature:

Print name:

Date:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Electronic Submittal

**Beaverton**  
OREGON

## Building Permit Application

Community Development Department  
Building Division  
2725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

### OFFICE USE ONLY

Date Received: <u>5-01-19</u>	Permit No. <u>B209-2237</u>
Date Issued: <u>5/7/2019</u>	Payment Type: <u>PM</u>

#### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

#### CATEGORY OF CONSTRUCTION

- |   |   |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

#### JOB SITE INFORMATION AND LOCATION

Job site address: 112900 SW 9th ST  
City/State/ZIP: BEAVERTON OR 97086  
Suite/bldg./apt. no.: Project name: BEAVERTON Lodge  
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

#### DESCRIPTION OF WORK

Replacing rotted posts on  
ticked decks + railings

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: FAIR + SQUARE construction

Contact name: LONNIE BARRON

Address: 10335 SE 172nd Ave

City/State/ZIP: Happy Valley OR 97086

Phone: 503-358-41830 Fax:

E-mail: L.barron@966ad.com

#### CONTRACTOR

Business name: FAIR + SQUARE CONST

Address: 10335 SE 172nd Ave

City/State/ZIP: Happy Valley OR 97086

Phone: 503-358-4830 Fax:

CCB lic.: 199349

Authorized  
signature:

Lonnie Barron

Print name: LONNIE BARRON

Date: 24 May 19

#### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

##### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

#### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$22,500

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

#### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

#### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

## ELECTRONIC SUBMITTAL Permit Application

SEE I:/BLDG DIV WG-8



City Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/27/2019 Permit No.: B2019-2778  
Date Issued: 6/27/2019  
CITY OF BEAVERTON Payment Type:

## BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15005 SW Tualatin Valley Hwy.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Nike Dunk Warehouse
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo half of existing warehouse sprinkler system and replace with ESFR Group A plastics, up to max. 20' storage height, to match rest of existing warehouse sprinkler system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike	
Address: 15005 SW Tualatin Valley Hwy.	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Red Hawk Fire Protection	
Contact name: Brent Cullinane	
Address: 3801 Fruit Valley Rd. Suite D	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 984-3712	Fax:
E-mail: brentc@redhawkfp.com	
CONTRACTOR	
Business name: Red Hawk Fire Protection	
Address: 3801 Fruit Valley Rd. Suite D	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 984-3712	Fax:
CCB lic.: 219157	

Authorized  
signature:

Print name:

Brent Cullinane

Date:

06/26/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

## Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 188,000.00

Existing building area: square feet 88,986

New building area: square feet

Number of stories: 1

Type of construction:

Occupancy groups: S

Existing: S

New: S

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

APPROVED

Building Permit Application

ELECTRONIC SUBMITTAL  
ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...  
OREGON

Development Department  
Building Division  
An Way / PO Box 4755  
Beaverton, OR 97076  
3 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

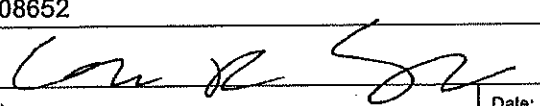
Date Received: 07/17/2019

Permit No. B2019-3024

Date Issued: 8/8/2019

Payment Type:

CITY OF BEAVERTON  
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2350 SW CEDAR HILLS BLVD	
City/State/ZIP: PORTLAND, OR 97225	
Suite/bldg./apt. no.:	Project name: WILLIAM WALKER ELEM
Cross street/directions to job site: WILLIAM WALKER ELEMENTARY SCHOOL	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
HOOK UP/INSTALL ANSUL KITCHEN FIRE SUPPRESSION SYSTEM INTO TYPE 1 EXHAUST HOOD. FIRE SYSTEM PRE-PIPED FROM FACTORY	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: GEOFF SPAHR	
Address: SAME AS BELOW	
City/State/ZIP:	
Phone:	Fax:
E-mail: GEOFF@SANDERSONFIRE.COM	
CONTRACTOR	
Business name: SANDERSON FIRE PROTECTION	
Address: 1101 SE 3RD AVE	
City/State/ZIP: PORTLAND, OR 97214	
Phone: (503) 889-3110	Fax:
CCB lic.: 208652	
Authorized signature:  7/15/19	
Print name: GEOFF SPAHR	Date: 07/15/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

3000.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$206.11

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beaverton@oregon.gov

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 07/09/2019 Permit No.: B2019-2930  
Date Issued: 8-9-19 By: JKL  
Payment Type: Visa

CITY OF BEAVERTON  
BUILDING DIVISION

### TYPE OF WORK

☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 10980 SW Barnes Rd  
City/State/ZIP: Portland, OR 97225  
Suite/bldg./apt. no.: Project name: Dream Smiles Dental  
Cross street/directions to job site:  
Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Turning previous dark room within tenant's space into an x-ray room.  
Demolition of existing door, casework and sink. Create new opening into room.

### ☐ PROPERTY OWNER

### ☐ TENANT

Name:  
Address:  
City/State/ZIP:  
Phone: Fax:  
E-mail:

### ☒ APPLICANT

### ☒ CONTACT PERSON

Business name: Emmett Phair Construction  
Contact name: Renee Snyder  
Address: 6305 SW Rosewood St., Suite E  
City/State/ZIP: Lake Oswego, OR 97035  
Phone: (971) 295-9351 Fax:  
E-mail: renee@emmettphair.com

### CONTRACTOR

Business name: Emmett Phair Construction  
Address: 6305 SW Rosewood St., Suite E  
City/State/ZIP: Lake Oswego, OR 97035  
Phone: (971) 295-9351 Fax:  
CCB No.: 57427

Authorized  
signature:

*Renee Snyder*

Print name:

Renee Snyder

Date:

7/8/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation \$2,000 -

Existing building area: 2,275 square feet  
New building area: 2,275 square feet  
Number of stories: 1  
Type of construction: VB  
Occupancy groups: B  
Existing: B  
New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$131.73  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 8/19/2019	Permit No.: B2019-3414
Date Issued: 8/19/2019	Payment Type:

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 9070 SW Quint Ct

City/State/ZIP: Beaverton OR 97008

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Install beam in place of bearing wall.

☒ PROPERTY OWNER

☐ TENANT

Name: Phoebe Dineen

Address: 9070 SW Quint Ct

City/State/ZIP: Beaverton, OR 97008

Phone:

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail: Zandy@onthelevelPdx.com

### CONTRACTOR

Business name: On The Level Remodeling Co

Address: 10117 SE Sunnyside Rd #F1274

City/State/ZIP: Clackamas, OR 97015

Phone: (503) 312-7708

Fax:

CCB lic.: 189349

Authorized  
signature:

Zandy Butler

Print name:

Zandy Butler

Date:

07/31/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

2,500

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

239.92

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
10000 SW Canyon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 6/27/2019	Permit No.: B2019-2791
Date Issued: 6/29/2019	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

## BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7475 SW Oleson Road	
City/State/ZIP: Beaverton, OR 97223	
Suite/bldg./apt. no.:	Project name: T-Mobile Garden Home
Cross street/directions to job site: see sheet T-1	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S124DB01800	
DESCRIPTION OF WORK	
Modifications to an existing wireless communication facility: replace (3) panel antennas and (1) hybrid cable; add (3) RRus; remove (4) TMAs and (1) COVP; replace (3) equipment cabinets with (2) equipment cabinets in existing ground lease area	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: T-Mobile	
Address: 12920 SE 38th Street	
City/State/ZIP: Bellevue, WA 98006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Crown Castle on behalf of T-Mobile	
Contact name: Amanda Nations	
Address: 1505 Westlake Ave N, Suite 800	
City/State/ZIP: Seattle, WA 98109	
Phone: (206) 336-2889	Fax:
E-mail: amanda.nations.contractor@crowncastle.com	
CONTRACTOR	
Business name: SAC Wireless	
Address: 540 W Madison 9th Flr	
City/State/ZIP: Chicago IL 60661	
Phone:	Fax:
CCB lic.: 209500	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	20,000
Existing building area:	square feet 112
New building area:	square feet 112
Number of stories:	N/A. 100' monopole
Type of construction:	II-B
Occupancy groups:	
Existing:	U
New:	U
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: [Signature]	Date: 6/26/19
Print name: AMANDA NATIONS	



# Building Permit Application

APPROVED

ELECTRONIC SUBMITTAL

SEE I:/BLDG DIV WG-8...

**Beaverton**  
OREGON

City of Beaverton Development Department  
Building Division  
1555 Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 6/28/2019	Permit No.: B2019-2811
Date Issued: 8/16/2019	
CITY OF BEAVERTON	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15655 NW GREENBRIAR PKWY BLUE RIDGE	
City/State/ZIP: BEAVERTON OR 97006	
Suite/bldg./apt. no.:	Project name: ELEMENT HOTEL
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALL FIRE ALARM SYSTEM	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: ELEMENT HOTEL	
Address: 15655 NW GREENBRIAR PKWY BLUE RIDGE	
City/State/ZIP: BEAVERTON OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW SECURITY AND CONSTRUCTION	
Contact name: JUSTIN SMITH	
Address: 11009 NE 124 AVE	
City/State/ZIP: VANCOUVER WA 98682	
Phone: (360) 904-0812	Fax:
E-mail: justin@nwsecurity.net	
CONTRACTOR	
Business name: NW SECURITY AND CONSTRUCTION	
Address: 11009 NE 124 AVE	
City/State/ZIP: VANCOUVER WA 98682	
Phone: (360) 904-0812	Fax:
CCB Lic.: 214548	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	square feet
Number of bathrooms:	square feet
Total number of floors:	square feet
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	80000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	square feet
Type of construction:	square feet
Occupancy groups:	square feet
Existing:	square feet
New:	square feet
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	472.83
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
justin smith	06/27/20

# Building Permit Application

APPROVED

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2443 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 7-23-19

Permit No.: B2019-3154

Date Issued: 8/9/2019

Payment Type:

### TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 8225 SW Apple Way

City/State/ZIP: Portland OR 97225

Suite/bldg./apt. no.: Suite 102

Project name: Queenz Restaurant

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Interior Wall Partitions and Suspended Ceiling Systems.

☒ PROPERTY OWNER

☐ TENANT

Name: Apple Way Market, LLC

Address: 101 SW Main St., #1210

City/State/ZIP: Portland OR 97204

Phone: 503-274-0211 (Agent)

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: NW Precision Design

Contact name: Darin Bouska

Address: 17407 SW Inkster Dr

City/State/ZIP: Sherwood OR 97140

Phone: 503-680-6444

Fax:

E-mail: Darin@NW-Precision.com

### CONTRACTOR

Business name: VT Construction, LLC

Address: 13710 SW Hiteon Dr

City/State/ZIP: Beaverton OR 97008

Phone: 503-706-8345

Fax:

CCB Lic.: 168139

Authorized  
signature:

Print name:

Date:

Darin Bouska

5/25/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

250,000

Existing building area: square feet 7,000

New building area: square feet TI 5,086

Number of stories: 1

Type of construction: VB

Occupancy groups:

Existing: B

New: A2

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beavertonoregon.gov

ELECTRONIC SUBMITTAL  
SEE 1:BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 07/31/2019 Permit No.: B2019-3272

Date Issued:

CITY OF BEAVERTON

Payment Type:

BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 0,500.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$117.12

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

### TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 13070 SW Chariot Ct.

City/State/ZIP: Beaverton, OR 97008

Suite/bldg./apt. no.:

Project name: Sheets 32999

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.: 15128CA 09700

### DESCRIPTION OF WORK

Voluntary foundation underpinning

☒ PROPERTY OWNER

☐ TENANT

Name: Brian Sheets

Address: 13070 SW Chariot Ct.

City/State/ZIP: Beaverton, OR 97008

Phone: 503 887-9641

Fax: —

E-mail: —

☒ APPLICANT

☒ CONTACT PERSON

Business name: Terra Firma Foundation Systems

Contact name: Emily Singleton

Address: 13110 SW Wall Ct.

City/State/ZIP: Tigard, OR 97223

Phone: 971-205-5223

Fax: —

E-mail: esingleton@terrafirmafoundation.com

### CONTRACTOR

Business name: Terra Firma Foundation Systems

Address: 13110 SW Wall Ct.

City/State/ZIP: Tigard, OR 97223

Phone: 971-205-5223

Fax: —

CCB No.: 173547

Authorized signature:

Print name: Emily Singleton

Date: 7/30/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...



Development Department  
Building Division  
City Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 06/13/2019	Permit No.: B2019-2543
Date Issued: 8-9-19	By:
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9858 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 12
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential <i>Re-issue of Lot 18</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB No.: # 154184	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$403,435.38
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3093 square feet
Garage/carport area:	420 square feet
Covered porch area:	40 square feet
Deck area:	160 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,598.28 <i>799.14</i>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

*Chad E Davis*

Print name: Chad E Davis

Date:

## Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



Permit B2018-2485

RECEIVED OFFICE USE ONLY

Date Received: NOV 5 2018	Permit No.: B2018-5200
Date Issued: 8-12-19	By: HUK
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: Check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16121 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 59
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 445 872.50

Number of bedrooms: 5

Number of bathrooms: 2.75

Total number of floors: 2

New dwelling area: 3580 square feet

Garage/carport area: 418 square feet

Covered porch area: 85 square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application 1727.05

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Print name:

Amanda Loveridge

Date:

10/27/18

Revised 11/8/18

# Building Permit Application

Approved

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV-WG-8...

Department  
Building Division  
Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**Beaverton**  
OREGON

## OFFICE USE ONLY

Date Received: 8/6/2019 Permit No: 2019-3356  
Date Issued: 8-12-19 By: MK  
Payment Type:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15901 SW JENKINS RD  
City/State/ZIP: Beaverton OR 97006  
Suite/bldg./apt. no.: Project name: Costco Wholesale #09  
Cross street/directions to job site: Jenkins & 158th

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Install fixed fire suppression system in a type I hood.

☐ PROPERTY OWNER

☐ TENANT

Name:  
Address:  
City/State/ZIP:  
Phone: Fax:  
E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name: Guardian Fire Protection  
Contact name: Mark Ferguson  
Address: PO BOX 1555  
City/State/ZIP: Albany OR 97321  
Phone: (541) 926-4920 Fax: (541) 926-4942  
E-mail: mark@guardianfireor.com

### CONTRACTOR

Business name: Guardian Fire Protection  
Address: PO BOX 1555  
City/State/ZIP: Albany OR 97321  
Phone: (541) 926-4920 Fax: (541) 926-4942  
CCB No.: 100355

Authorized signature:

*Mark Ferguson*

Print name:

Mark Ferguson

Date:

8/6/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number, of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 2000.00  
Existing building area: square feet  
New building area: square feet

Number of stories:  
Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application 179.85  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG 8...

## Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

### OFFICE USE ONLY

Date Received: 06/13/2019	Permit No.: B2019-2545
Date Issued: 8-9-19	By:
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9846 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 13
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential <i>Reissue of Lot 11</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CGB lic.: # 154184	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$431,210.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3313 square feet
Garage/carport area:	444.6 square feet
Covered porch area:	40 square feet
Deck area:	144 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	\$842.07
Amount received	
Date received:	

Authorized signature:

*Chad E Davis*

Print name: Chad E Davis

Date:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8

**Beaverton**  
OREGON

Development Department  
Building Division  
1 Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: <b>06/13/2019</b>	Permit No.: B2019-2546
Date Issued: <b>8-9-19</b>	By:
Payment Type:	

**CITY OF BEAVERTON**  
**BUILDING DIVISION**

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9838 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 14
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential <i>Reissue of lot 18</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	
Authorized signature: <i>Chad Davis</i>	Date:
Print name: Chad E Davis	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$370,866.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2835 square feet
Garage/carport area:	400 square feet
Covered porch area:	40 square feet
Deck area:	160 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$748.55
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



## Building Permit Application

City of Beaverton  
PO Box 4755, Beaverton, OR 97076  
Phone (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.ci.beaverton.or.us](http://www.ci.beaverton.or.us)

### OFFICE USE ONLY

Date Received: 8-13-19	Permit No.: 62019-3455
Date Issued: 8-13-19	By: [Signature]
	Payment Type:
1&2 family: Simple	Complex:

#### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

#### CATEGORY OF CONSTRUCTION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

#### JOB SITE INFORMATION AND LOCATION

Job site address: 8790 SW SORRENTO RD.  
City/State/ZIP: BEAVERTON OR 97008  
Suite/bldg./apt. no.: Project name: MICHAEL KADERA  
Cross street/directions to job site:

Subdivision: W275490 Lot no.:  
Tax map/parcel no.: 1S128AD10200

#### DESCRIPTION OF WORK

REPLACEMENT OF EXISTING 11'X12' EXTERIOR DECK

#### ☒ PROPERTY OWNER

#### ☐ TENANT

Name: MICHAEL KADERA  
Address: 8790 SW SORRENTO RD  
City/State/ZIP: Beaverton OR 97008

Phone: ( ) Fax: ( )

#### ☒ APPLICANT

#### ☐ CONTACT PERSON

Business name: MIKE MONTGOMERY  
Contact name: SIMPL HOME DESIGNS  
Address: 4931 SW 76TH AVE., PMB 211  
City/State/ZIP: PORTLAND OR 97225  
Phone: ( 503 ) 515-6495 Fax: ( 503 ) 719-4825  
E-mail: mikem@ezpermits.biz

#### CONTRACTOR

Business name: Valiant Construction, Inc.  
Address: 6107 SW Murray Blvd, #243  
City/State/ZIP: Beaverton OR 97008  
Phone: ( 503 ) 515-9613 Fax: ( )  
CCB li: 113498

Authorized signature: [Signature]

Print name: Mike Montgomery

Date: 08/11/19

#### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 12,000.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: 132 square feet

Other structure area: square feet

#### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

#### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

#### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

\$512.97

Amount received

Date received:

**This permit application expires  
if a permit is not obtained within 180 days  
after it has been accepted as complete**

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG 8



Tri-County Development Department  
Building Division  
2225 SW Milikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: <b>6/28/2019</b>	Permit No: <b>B2019-2801</b>
Date Issued: <b>8-13-19</b>	By: <b>ML</b>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: <b>CHECK</b>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11708 SW Sofia Court	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Cameron Place
Cross street/directions to job site: Walker Rd to Lynnfield Lane	
Subdivision: Cameron Place	Lot no.: 7
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mission Homes NW, LLC	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mission Homes NW, LLC	
Contact name: Josh Kelso	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 9035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
CONTRACTOR	
Business name: Mission Homes NW	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
CCB lic.: 186849	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	350,000
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3475
Garage/carport area:	square feet 555
Covered porch area:	square feet 300
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
Josh Kelso	06/26/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 8-13-19	Permit No.: B2019-3451
Date Issued: 8-13-19	By: MK
	Payment Type: Check

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |   |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 12305 SW Horizon Blvd Suite 15  
City/State/ZIP: Beaverton, OR  
Suite/bldg./apt. no.: Suite 15 Project name: Stretchlab  
Cross street/directions to job site:  
Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Office addition (one new wall with one new door)

☐ PROPERTY OWNER

☒ TENANT

Name: Adam Havens  
Address: 12305 SW Horizon Blvd Suite 15  
City/State/ZIP: Beaverton OR 97007  
Phone: (503) 504-9588 Fax:  
E-mail: adam.havens@stretchlab.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Stretch Havens Two LLC  
Contact name: Adam Havens  
Address: 949 NW Overton St. Unit 614  
City/State/ZIP: Portland, OR 97209  
Phone: Fax:  
E-mail:

### CONTRACTOR

Business name: Norwest General Contractors  
Address: 7235 SW Stephen Ln.  
City/State/ZIP: Portland, OR 97225  
Phone: (503) 291-6986 Fax:  
CCB lic.: 89425

Authorized  
signature:

Print name:	Date:
Adam Havens	08/12/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$13000

Existing building area: square feet 1265

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing: B

New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$677.78
Amount received	\$677.78
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 8-12-19	Permit No.: B2019-3449
Date Issued: 8-13-19	By: [Signature]
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: fire sprinkler
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6600 SW 105th Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 200	Project name: Verizon TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 3 and relocate 3 sprinkler heads off of existing wet system to cover new floor plan.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: braana@afpsys.com	
CONTRACTOR	
Business name: AFP Systems	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67534	
Authorized signature: [Signature]	Date:
Print name: Steve Frost	08/12/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,200.00
Existing building area:	square feet TI 1,148
New building area:	square feet
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	
Existing:	B-office
New:	no change
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Pipster Prep FA

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

Department  
Building Division  
Day / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2455 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 07/19/2019	Permit No.: B2019-3097
Date Issued: 8-13-19	By: KUC
Payment Type:	

CITY OF BEAVERTON  
BUILDING DIVISION

### TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 8565 SW Butn. Hills Hwy
City/State/ZIP: Beaverton, OR 97225
Suite/bldg./apt. no.: Project name: Pipster Prep
Cross street/directions to job site:

Subdivision:	Lot no.:
Tax map/parcel no.:	

### DESCRIPTION OF WORK

Fire Alarm Add-on

☐ PROPERTY OWNER

☐ TENANT

Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT

☐ CONTACT PERSON

Business name: Security First Alarm, LLC	
Contact name: Rick Waldrop	
Address: 575 NW Southman Rd #825	
City/State/ZIP: Portland, OR 97229	
Phone: 503-296-9100	Fax:
E-mail: rick@securityfirstalarm.com	

CONTRACTOR

Business name: same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 190582	

Authorized signature: [Signature]

Print name: Rick Waldrop	Date: 7-18-19
--------------------------	---------------

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 4000.00	
Existing building area:	square feet
New building area:	square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$232.37
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076

Phone: (503) 526-2550  
Fax: (503) 526-2222  
BeavertonOregon.gov

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8

RECEIVED

## OFFICE USE ONLY

Date Received: 08/07/2019

Permit No.: B2019-3390

Date Issued: 8-7-19

By: Cline

CITY OF BEAVERTON

Payment Type: Cline

## BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 25,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet 3000

New building area: square feet 1550

Number of stories: 3

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

### TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 2415 SW 75TH TERRACE

City/State/ZIP: Beaverton, Oregon, 97007

Suite/bldg./apt. no.: Project name: Sylvan West Estates

Cross street/directions to job site: Canyon Lane/ 75th

Subdivision: Sylvan West Estates Lot no.: lot-8

Tax map/parcel no.: Map no. 1s112AB Tax lot 04703

### DESCRIPTION OF WORK

Demo home down to Foundation

☒ PROPERTY OWNER

☐ TENANT

Name: Sylvan West Estates, LLC

Address: 333 S. State St. Ste. V-146

City/State/ZIP: Lake Oswego Oregon 97034

Phone: 503-320-7280 Fax:

E-mail: johng@roundstoneproperties.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Sylvan West Estates, LLC

Contact name: John M. Gerritz

Address: 333 S. State St., Ste. V-146

City/State/ZIP: Lake Oswego Oregon 97034

Phone: 503-320-7280 Fax:

E-mail: johng@roundstoneproperties.com

### CONTRACTOR

Business name: Sylvan West Estates, LLC

Address: 333 S. State St. Ste. V-146

City/State/ZIP: Lake Oswego Oregon 97034

Phone: 503-320-7280 Fax:

CCB lic.: 218005

Authorized signature:

Print name: John M. Gerritz Date: 7/26/2019



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 8/1/19	Permit No.: 32019-3293
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8265 SW CANYON LN.	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt. no.:	Project name: Barron Remodel
Cross street/directions to job site:	
Subdivision: WEST slope chalet condos	Lot no.: 7
Tax map/parcel no.: 15112B090007	
DESCRIPTION OF WORK	
Beam + Post for wall removal.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SEAN + BRITANY BARRON	
Address: 8265 SW Canyon Ln.	
City/State/ZIP: Beaverton, OR 97225	
Phone: 503-475-4624	Fax:
E-mail: sean.seanbarron.barron@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Dream Maker Bath + Kitchen	
Contact name: Josef Bender	
Address: 13227 SW Canyon Rd. Suite D	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-295-2284	Fax: 503-357-5768
E-mail: mail@dmbk.com	
CONTRACTOR	
Business name: Dream Maker Bath + Kitchen	
Address: 13227 SW Canyon Rd. Suite D	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-295-2284	Fax: 503-357-5768
CCB lic.: 132328	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	1500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date: 8/1/2019
Print name: Josef Bender	

# Building Permit Application

ELECTRONIC SUBMITTAL

SEE 1:7/BLDG DIV/WG-8

**Beaverton**  
OREGON

Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Frenchies Nail Salon TI

## OFFICE USE ONLY

Date Received: 07/01/2019	Permit No.: B2019-2828
Date Issued: 8-14-19	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12875 SW CRESCENT STREET	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.: SUITE 2	Project name: FRENCHIES MODERN N
Cross street/directions to job site: SW ROSE BIGGI AVENUE (THE RISE CENTRAL, EAST BUILDING)	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AA09100	
DESCRIPTION OF WORK	
NAIL SALON TENANT IMPROVEMENT INTO CURRENTLY VACANT SPACE	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: MICHAEL HALAMA	
Address: 1895 NW QUIMBY STREET	
City/State/ZIP: PDX, 97209	
Phone:	Fax:
E-mail: michaelhalama@me.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SG ARCHITECTURE, LLC	
Contact name: SCOT SUTTON/KEVIN GODWIN	
Address: 10940 SW BARNES ROAD	
City/State/ZIP: PDX 97225	
Phone: 503-347-4685/503-201-0725	Fax:
E-mail: ssutton@sg-arch.net/kgodwin@sg-arch.net	
CONTRACTOR	
Business name: TBD Bnk Construction	
Address: 45 82nd dr Ste 53B	
City/State/ZIP: Gladstone, OR 97027	
Phone: 503-342-4359	Fax:
CCB Lic.: 107555	

Authorized signature: [Signature]

Print name:	Date:
SCOT SUTTON	JUNE 27, 2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$140,495
Existing building area:	square feet 1,467
New building area:	square feet 1,467
Number of stories:	1
Type of construction:	VB
Occupancy groups:	B
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,711.87
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	Permit No.: B2019-8325
Date Issued: 8-15-19	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12375 SW Broadway St.	
City/State/ZIP: Beaverton, OR 97005	
Sub/bldg./apt. no.:	Project name: Miracle Sign
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Electrical Gear Service	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: dan@nwsteele.com	
CONTRACTOR	
Business name: Steele Electric	
Address: 7741 SW Circus Dr.	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-932-1280	Fax:
CCB lic.: 186140	
Authorized signature: [Signature]	
Print name: Dan Steele	Date: 8/21/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 8.15.19	Permit No.: B2019-3480
Date Issued: 8.15.19	By: Clevy / MK
	Payment Type: Visa

### TYPE OF WORK

- |  |  |
|--|--|
| <input type="checkbox"/> New construction                | <input checked="" type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:                |

### CATEGORY OF CONSTRUCTION

- |   |  |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 17835 NW Walker Rd  
City/State/ZIP: Beaverton OR 97045  
Suite/bldg./apt. no.: Project name: Robbins Estates  
Cross street/directions to job site: NW Walker Rd & NW 178th

Subdivision: Lot no.: 6  
Tax map/parcel no.: Tax lots 3300 & 3600 1N131CA 03300

### DESCRIPTION OF WORK

Demo attached Garage

☒ PROPERTY OWNER

☐ TENANT

Name: Vantage Homes LLC  
Address: 3416 Via Oporto, suite 301  
City/State/ZIP: Newport Beach, CA 92663  
Phone: 949-316-8013 Fax: 866-337-3243  
E-mail: Sean@vantagehomesllc.com

☐ APPLICANT

☐ CONTACT PERSON

Business name: John Ocheske Const LLC  
Contact name: John Ocheske  
Address: 138 SW Cherry St  
City/State/ZIP: Dallas TX 75201  
Phone: 971 701 5146 Fax:  
E-mail: Ocheske@gmail.com

### CONTRACTOR

Business name: John Ocheske Const LLC  
Address: 138 SW Cherry St  
City/State/ZIP: Dallas TX 75201  
Phone: 971 701 5146 Fax:  
CCB Lic.: 214216

Authorized  
signature:

Print name: John Ocheske Date: 8/15/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 12,500

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$495.38
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

# Permit Application

Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov



APPROVED

## OFFICE USE ONLY

Date Received: 12/07/2018	Permit No.: B2018-5835
Date Issued: 8-15-19	By: MK
CITY OF BEAVERTON	Payment Type: Check

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |   |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 11850 SW Canyon Rd  
City/State/ZIP: Beaverton, OR 97005  
Suite/bldg./apt. no.: Project name: Jacksons 517

Cross street/directions to job site: Broadway Street

Subdivision: Lot no.: 3600

Tax map/parcel no.: 1S1-15BB

### DESCRIPTION OF WORK

Remodel the existing convenience store interior. Replace storefront. Increase overhang and relocated entry doors. New exterior finishes over existing. Relocate wheelchair ramp at entry. Non-structural changes.

- |  |                                 |
|--|---------------------------------|
| <input checked="" type="checkbox"/> PROPERTY OWNER | <input type="checkbox"/> TENANT |
|--|---------------------------------|

Name: PacWest Energy LLC dba Jacksons Food Stores Inc.

Address: 3450 E. Commercial Ct.

City/State/ZIP: Meridian, ID 83642

Phone: (503) 729-5546 Fax: (503) 759-3013

E-mail: john.cox@jacksons.com

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> APPLICANT | <input checked="" type="checkbox"/> CONTACT PERSON |
|---|--|

Business name: Barghausen Consulting Engineers, Inc.

Contact name: Ms. Caryl J. Pinner

Address: 18215 72nd Ave S

City/State/ZIP: Kent, WA 98032

Phone: (425) 656-1063 Fax: (425) 251-8782

E-mail: cpinner@barghausen.com

### CONTRACTOR

Business name: PETRA INC

Address: 1097 N. ROSARIO ST

City/State/ZIP: MERIDIAN ID 83642

Phone: 208 860 7517 Fax: \_\_\_\_\_

CCB lic.: 209285

Authorized signature: Caryl J Pinner

Print name: Caryl J. Pinner	Date: 12/06/18
-----------------------------	----------------

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$125,800

Existing building area: square feet 1,188

New building area: square feet

Number of stories: 1

Type of construction: VB

Occupancy groups:

Existing: M

New: M

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$1,597.33
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Amount received	
-----------------	--

Date received:	
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



## Building Permit Application

Community and Economic Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.BeavertonOregon.gov](http://www.BeavertonOregon.gov)

### OFFICE USE ONLY

Date Received:	8-9-19	Permit No.:	B2019-3431
Date Issued:		By:	
		Payment Type:	

<b>TYPE OF WORK</b>	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
<b>CATEGORY OF CONSTRUCTION</b>	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job site address: 4825 SW Chestnut Pl.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Beaverton Hillsdale Hwy SW Jamieson Rd	
Subdivision: McMillan Acres	Lot no.: 35
Tax map/parcel no.: 1S114B1003700	
<b>DESCRIPTION OF WORK</b>	
Alterations to an existing basement w/ family room, storage, office, & bath	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Keelyn Prince / Myles Prince	
Address: 4825 SW Chestnut Pl	
City/State/ZIP: Beaverton, OR 97005	
Phone: (541) 841-0460	Fax:
E-mail: keelynshrum@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Same as above	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>CONTRACTOR</b>	
Business name:	
Address: SAME AS OWNER	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: Myles Prince	Date: 8/16/19

<b>REQUIRED DATA: 1- AND 2-FAMILY DWELLING</b>	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$28,000
Number of bedrooms:	NA
Number of bathrooms:	1
Total number of floors:	
New dwelling area:	NO Change square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
<b>REQUIRED DATA: COMMERCIAL-USE CHECKLIST</b>	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
<b>NOTICE</b>	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
<b>BUILDING PERMIT FEES*</b>	
Please refer to fee schedule	
Fees due upon application	\$179.20
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

rev 07/13

Lot 77

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 8/12/2019	Permit No.: B2019-5268
Date Issued: 8-16-19	By: <i>HLK</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: <i>Check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17231 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts Lot no.: 77	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR RE-ISSUE OF BUILDING B	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	257,516
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1873.37 square feet
Garage/carport area:	453.14 square feet
Covered porch area:	107.93 square feet
Deck area:	29.31 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>Jennifer Reilly</i>	Date: 8/12/19
Print name: Jennifer Reilly	





# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: <b>8/12/2019</b>	Permit No.: <b>B2010-5266</b>
Date Issued: <b>8-15-19</b>	By: <i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type: <i>check</i>	

## BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17235 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts Lot no.: 78	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB No.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	199,501
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1542.34 square feet
Garage/carport area:	368.94 square feet
Covered porch area:	103.8 square feet
Deck area:	0 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

*Jennifer Reilly*

Print name: Jennifer Reilly	Date: 8/12/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: <b>8/12/2019</b>	Permit No: <b>B2018-5398</b>
Date Issued: <b>8-16-19</b>	By: <b>ML</b>
CITY OF BEAVERTON	
Payment Type: <b>Check</b>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17241 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts Lot no.: 80	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	257,516
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1873.37 square feet
Garage/carport area:	453.14 square feet
Covered porch area:	107.93 square feet
Deck area:	29.31 square feet
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>Jennifer Reilly</i>	Date: 8/12/19
Print name: Jennifer Reilly	

# Lot 79



## Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

### OFFICE USE ONLY

Date Received: <b>8/12/2019</b>	Permit No.: <b>B2018-5399</b>
Date Issued: <b>8-16-19</b>	By: <b>JK</b>
CITY OF BEAVERTON Building Division	
Payment Type: <b>Check</b>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17239 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: <b>SCHM</b>
Cross street/directions to job site:	
Subdivision: <b>South Cooper Mountain Hts</b> Lot no.: <b>79</b>	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NEW SFR</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Everett Custom Homes</b>	
Address: <b>3330 NW Yeon Ave</b>	
City/State/ZIP: <b>Portland, OR 97210</b>	
Phone: <b>(503) 726-7060</b>	Fax:
E-mail: <b>jreilly@everetthomesnw.com</b>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Everett Custom Homes</b>	
Contact name: <b>Jennifer Reilly</b>	
Address: <b>3330 NW Yeon Ave</b>	
City/State/ZIP: <b>Portland, OR 97210</b>	
Phone: <b>(503) 726-7060</b>	Fax:
E-mail: <b>jreilly@everetthomesnw.com</b>	
CONTRACTOR	
Business name: <b>Everett Custom Homes</b>	
Address: <b>3330 NW Yeon Ave</b>	
City/State/ZIP: <b>Portland, Oregon 97210</b>	
Phone: <b>jreilly@everetthomesnw.com</b>	Fax:
CCB lic.: <b>189447</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>199,501</b>
Number of bedrooms:	<b>2</b>
Number of bathrooms:	<b>2.5</b>
Total number of floors:	<b>3</b>
New dwelling area:	<b>1542.34</b> square feet
Garage/carport area:	<b>368.94</b> square feet
Covered porch area:	<b>103.8</b> square feet
Deck area:	<b>0</b> square feet <b>0</b>
Other structure area:	<b>0</b> square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	<b>R2</b>
Existing:	
New:	<b>Townhome</b>
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

*Jennifer Reilly*

Print name: <b>Jennifer Reilly</b>	Date: <b>8/12/19</b>
------------------------------------	----------------------

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 8-15-17	Permit No.: 32019-3485
Date Issued: 8-15-17	By: MK
	Payment Type: Check

### TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Vacant Space Prep to and existing suite

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 9203 SW Nimbus Ave	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: 9255	Project name: Vacant Space Prep

Cross street/directions to job site: SW Gemini Drive

Subdivision:	Lot no.:
--------------	----------

Tax map/parcel no.:

### DESCRIPTION OF WORK

Minor demolition, finishes and miscellaneous lighting

☒ PROPERTY OWNER

☐ TENANT

Name: Shorenstein - Rachel Chauvin

Address: 10220 SW Greenburg Road, Suite 310

City/State/ZIP: Portland OR 97223

Phone: (503) 412-4802

Fax:

E-mail: rchauvin@shorenstein.com

☐ APPLICANT

☐ CONTACT PERSON

Business name: Mackenzie

Contact name: Christine Mack

Address: 1515 SE Water Ave Suite 100

City/State/ZIP: Portland OR 97214

Phone: (503) 224-9560

Fax:

E-mail: cmack@mcknize.com

### CONTRACTOR

Business name: Russell Construction - Donn Sturdivant

Address: 20915 SW 105th Ave

City/State/ZIP: Tualatin OR 97062

Phone: (503) 692-9002

Fax:

CCB lic.: 58918

Authorized signature: *Christine Mack*

Print name:	Date:
Christine Mack	08/14/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

10,750.00

Existing building area: square feet 8,630

New building area: square feet 8630

Number of stories: 1

Type of construction: III-B

Occupancy groups: B

Existing: B

New: N/A

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$829.69

Amount received \$829.69

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14